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A history of Asiatic cholera in the Phil

A HISTORY

OF

ASIATIC CHOLERA IN THE
PHILIPPINE ISLANDS

BY

DEAN C. WORCESTER
SECRETARY OF THE INTERIOR



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*With the regards of
Dean C. Worcester*

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SUMMARY AND CONCLUSION

A HISTORY OF ASIATIC CHOLERA IN THE PHILIPPINE ISLANDS.

INTRODUCTION.

MANILA, *November 5, 1908.*

GENTLEMEN: Twice during the past year the presence of cholera in Manila has seriously interfered with important public events, necessitating the postponement of the Carnival and seriously interfering with the reception to the United States Battle-ship Fleet.

These two occurrences have served to attract widespread attention abroad to the continued existence of cholera in the Philippines, while in Manila, if not throughout the Archipelago generally, there has been an awakening to the fact that the system at present in vogue for the suppression of contagious diseases leaves much to be desired. Simultaneously with this awakening has come a demand that the responsibility for the present situation be fixed and that existing conditions be radically improved. I am of the opinion that this demand is entirely just.

In view of numerous misstatements, many of which doubtless have been made in good faith, concerning the relative frequency and importance of cholera epidemics during the Spanish and the American régimes, it has seemed to me desirable to begin by reviewing the facts so far as they are obtainable.

THE OCCURRENCE OF CHOLERA DURING THE SPANISH RÉGIME.

Not only are the records of the occurrence of cholera during the period when the Philippine Islands were under Spanish rule of a very fragmentary character, but so far as they continue to exist at all they are scattered through the archives in such a way as to make it extremely difficult to refer to them. The following facts are taken from a memorandum very kindly prepared for the Director of Health by Dr. Fernando Calderon, who spent much time in searching the archives and in compiling such information as he was able to obtain therefrom.

There is a difference of opinion as to the date on which cholera first occurred in the Philippines. Dr. Francisco Masip y Vals, medical director of the Civil Hospital of Manila, states that its first appearance was in 1817 and that it then came from India. Don Benito Francia, in writing concerning the cholera epidemic of 1888, says that cholera existed only in India in 1817 and that it was not until the 4th of October, 1820,

that there were observed upon the banks of the Pasig River the first cases that occurred in the Philippines.

Fernando Casas, professor of the Royal Armada, and first physician of the hospital at Manila, in his memoir, the third edition of which was printed in 1832, states that the epidemic recurred in 1821, 1822, 1823, and 1830.

Señor Francia also states that cholera occurred in 1821, 1822, 1823, and 1830, in 1854, from 1863 to 1865, and in 1882, 1883, and 1888, the epidemic of the latter year being the principal subject of his memoir. The epidemic which began in 1888 *officially* terminated in 1889.

Don José Montero y Vidal, in his "Historia de Filipinas," and Padre Buceta, in his "Diccionario Geografico," refer to the cholera epidemic of 1820. Don Felipe Govantes, in his "Compendio de la Historia de Filipinas," refers to the occurrence of cholera in 1822, and his statement agrees with that of Señor Francia as to the continuance of the disease in the successive years.

Don José Montero y Vidal, in speaking of its first occurrence in 1820, says that the natives attributed its origin to the poisoning of water by foreigners and that as a result they murdered twenty-seven foreigners and a large number of Chinese. During recent epidemics evil-minded persons have circulated stories that the Americans were poisoning the wells and streams; employees of the Bureau of Health have been killed, and thus history has repeated itself after so long a time.

Dr. Calderon states that from the data available it can be said with certainty that there were under the Spanish régime seven periods of attack from cholera, namely from 1820 to 1823, 1830, 1842, 1854, 1863 to 1865, 1882 to 1883, and in 1888.

None of the authors cited make any statement as to the total number of cases and deaths during any of the first five periods, but Señor Francia, referring to a statistical table published in 1862 by the subdelegate of surgery, Señor Antelo, states that there were 5,413 deaths in the city of Manila and 13,377 in the province of the same name during this epidemic.

Señor Francia combined in his memoir various statistical tables showing the number of cases which had occurred in different provinces but reserved the privilege of correcting them later when the epidemic should have terminated, which he would not seem to have done.

According to these incomplete figures there were in the province and city of Manila, between the 15th of August and the 1st of October, 1888, 1,970 cases with 1,028 deaths, and during April and the first fifteen days of May, 1889, there were 1,375 deaths, giving a total of 2,403 deaths for the province and city of Manila.

In the Province of Pangasinan there were 978 deaths in 1888 and 2,127 during April, 1889, giving a total of 3,105.

In Nueva Ecija there were 2,170 cases and 1,946 deaths between January 1 and April 30, 1889.

In the district of Morong from the 12th of September to the 11th of October, 1888, and from the 23d of March to the 30th of April, 1889, there were 122 cases with 108 deaths.

In the Province of La Laguna there were from September, 1888, to the 30th of April, 1889, 921 deaths.

In Cavite there were 440 cases and 292 deaths from August, 1888, to the 18th of March, 1889.

In Bataan there were 600 cases and 442 deaths during September, 1888, and April, 1889.

On the Island of Corregidor there were 83 cases and 18 deaths.

In Tayabas there were 253 cases and 129 deaths up to the 30th of April, 1889.

In Tarlac between March 20 and April 30, 1889, there were 515 cases and 440 deaths.

In Bulacan there were 3,492 cases and 1,985 deaths during the year 1888 and between January 1 and April 30, 1889, there were 1,009 deaths, making the total deaths in this province 2,994.

In Pampanga there were 3,678 cases and 2,748 deaths between September, 1888, and April, 1889.

In Zamboanga, between the 26th of January and the 30th of April, 1889, there were 2,271 cases and 1,120 deaths.

From these very fragmentary statistics it would appear that during the epidemic of 1888 and 1889 cholera occurred in thirteen of the forty-one provinces into which the Archipelago was then divided, and caused the death of 17,280 persons; but as will be shown later the epidemic was really far more widespread and serious than Señor Francia's account would lead us to believe.

The epidemic of 1882 is said to have had its origin at Maybun on the Island of Jolo, being brought by the steamer *Johk-ang*. Two hundred persons died at Maybun in forty days. The epidemic spread to Zamboanga and was brought to Manila by the steamer *Francisco Reyes*.

With respect to the origin of the cholera epidemic of 1888, Señor Francia says that during July the first suspicious case occurred at the quarantine station at Mariveles* *although no previous cases had been noted either at the quarantine station or on the vessels entering it. During August it appeared at Taytay although there had been no communication between this place and Mariveles and there was no evidence that cholera had been imported to this place.*

Señor Francia calls attention to the fact that Taytay was out of the

* The italics throughout this report are supplied by the writer. D. C. W.

track of steamers, difficult of access and situated almost in the interior and draws the conclusion that the Taytay case arose spontaneously!

Dr. Calderon has furnished two tables of deaths during the epidemic of 1888 and 1889, the first taken from the memoir of Don Benito Francia and the second from information given by provincial chiefs and found in the archives of the Insular Government. This information is here embodied in a single table:

Table of deaths from cholera during the years 1888 and 1889.

Province.	Sr. Francia's figures.	Figures from archives.	Province.	Sr. Francia's figures.	Figures from archives.
Manila	2,403		Tayabas	129	2,254
Pangasinan	3,105	17,916	Tarlac	440	
Nueva Ecija	1,946		Iloilo		27,217
La Laguna	921		Mindoro		1,190
Cavite	292	1,142	Zambales		2,276
Bataan	442		South Camarines		2,650
Corregidor	18		Capiz		6,727
Bulacan	2,994		Bohol		1,183
Pampanga	2,748	3,917	Benguet		6
Zamboanga	1,120	1,134			
Morong	108		Total	16,666	67,612

A comparison of these two columns will show the very unsatisfactory nature of the statistics with which we have to deal. Señor Francia gives figures for seven provinces and one island (Corregidor) for which no records have been found in the archives.

So far as his figures can be checked with the figures in the archives, which are doubtless the more nearly correct, they are far too low, while in the archives there have been found figures for seven provinces not mentioned by him.

If we accept the figures in the archives for the provinces for which the record has been found and add these to Señor Francia's figures for the remaining provinces mentioned by him, we arrive at a total of 67,612 and there is good reason to believe that this total is far below the actual one.

In this connection the following facts are of interest. There are in the archives formal official declarations of the cessation of the cholera epidemic in the following provinces on the dates named:

Leyte	July 18, 1889
La Union	Sept. 2, 1889
Cebu	Aug. 26, 1889
Antique	Aug. 27, 1889

There were then at least four provinces to which the epidemic must have extended for which we have no statistics whatever.

If the figures for the comparatively recent epidemic of 1888-89 are unsatisfactory those for the epidemic of 1882-84 are still more so.

Dr. Calderon has found tables purporting to give the number of cases

and deaths for the four days from August 28 to August 31, 1882, the totals being as follows:

Month.	Cases.	Deaths in—	
		Hospitals.	Houses.
August 28	470	51	157
August 29	125	70	
August 30	106	58	
August 31	184	65	

It will be observed that on only one day during this period is there any attempt made to give figures for deaths outside of hospitals.

The following table, compiled from figures gathered by Dr. Calderon, shows the number of burials of supposed cholera victims in the cemeteries of Paco, Tondo, Santa Cruz, La Loma, Sampaloc, Ermita, Malate, and San Fernando de Dilao:

For period of twenty-four hours ending September—	Number.	For period of twenty-four hours ending September—	Number.
2	233	12	64
3	170	13	71
4	161	14	40
5	186	15	45
6	125	16	56
7	122	17	28
8	115	18	27
9	85	19	28
10	84		
11	87	Total	1,627

At this time, so far as the cemetery records in the archives are concerned, the epidemic would seem to have ceased with miraculous suddenness.

Tables have also been found showing that thirty-one towns were attacked in the Province of Capiz during 1882 with a mortality of 9,256; that twenty-seven towns were attacked in the Province of Pangasinan during 1882 and 1883 with a mortality of 24,187; also that in the towns of Zamboanga, Maria, Tetuan, Las Mercedes, and Ayala, all in the immediate vicinity of Zamboanga, there were 3,954 cases with 1,719 deaths.

From statistics published in the Official Gazette it would appear that there were 2,108 deaths in Manila between August 29 and September 29, 1882.

There are in the archives records of the declaration of the cessation of the epidemic in only nine provinces as follows:

Pampanga	Feb. 2, 1883
Zambales	Jan. 19, 1883
Cotabato and District of Rio Grande de Mindanao.....	Jan. 18, 1883
Bulacan	Jan. 29, 1883
South Camarines	Feb. 6, 1883
South Ilocos	Feb. 17, 1883
Cagayan	Mar. 2, 1883
Pangasinan	Mar. 16, 1883
Western Negros	Mar. 28, 1883

Yet we know that this epidemic invaded every province in the Islands, reaching Cebu last of all.

It is evident from the fact that 470 cases of cholera were recorded on August 28, 1882, that the epidemic was in full swing in Manila on that day, although Dr. Calderon has apparently found no statistics for any previous day.

Were we limited to the knowledge of this epidemic derivable from the statistics found by Dr. Calderon we should gain a very erroneous idea of its importance. Fortunately this is not the case, and I will now review briefly such additional information as I have been able to obtain.

As regards the date of the first appearance of cholera in the Philippines, Dr. Francisco Masip y Valls has been good enough to lend me his only remaining copy of his memoir entitled, "El Colera, Desde el Punto de Vista de su Localizacion."

On page 26, I find the statement that "so far as concerns the Philippines in part we know that cholera invaded the Islands in 1817 with terrific lethal force, but what we can not discuss on account of lack of data is the question of whether we should or should not assign to this disease as great antiquity in the Philippines as authors give to it in China and in Cochin-China."

Dr. Masip y Valls gives a footnote in connection with this paragraph which reads as follows:

"It was not enough that cholera should present itself in the Philippines sooner than in Europe. It would be supposed that the doctors had forgotten completely all that concerned their scientific studies, for the reason that there is found but one poor memoir concerning the appearance of that epidemic in 1817, written by a military surgeon, who concealed his name, and printed in the printing office of the Franciscan Fathers of Sampaloc, in Manila."

From this it would appear that Dr. Masip y Valls had documentary evidence to support the belief that cholera appeared in the Philippines at least as early as 1817.

I am indebted to a Spanish gentleman, who was a resident of the Philippine Islands in 1882, for a copy of a pamphlet entitled, "Cuadros Graficos del Desarrollo del Colera en Manila su Provincia y Hospitales de Colericos Establecidos en la Capital segun Datos de la Subdelegacion de Medicina, Manila, 1883." This publication gives curves showing the admitted cases in the city of Manila, in the entire Province of Manila, and those in each of the five Manila cholera hospitals.

From the first of these curves it would appear that cholera broke out in Manila on the 20th of August, 1882, *on which date there were 22 deaths*; that it reached its maximum on the 2d of September with a total of 339 deaths, and then declined rapidly until the 22d of September on which date there were but 14 deaths. After this time the deaths remained constantly low, the largest number on any one day being 30,

the epidemic terminating on the 5th of December with a total of 5,413 deaths.

Unfortunately, as the gentleman remarked who furnished me this publication, *it represents the official truth and not the real truth.* A comparison with Dr. Calderon's statistics hereinbefore given will show the contradictions that exist even in such records as were kept:

Date.	Dr. Calderon, cases.	"Cuadros Gra-ficos," deaths.
August 28.....	470	249
August 29.....	125	229
August 30.....	106	180
August 31.....	134	269

It will be noted that if both of these tables are correct the number of deaths on three days was materially in excess of the total number of cases! The truth is that deaths occurred so rapidly that no record was kept of them except when the deceased were persons of some little importance.

The curve giving the deaths for the Province of Manila with those for the city of Manila shows that the epidemic began on the 20th of August with 20 deaths, reached its maximum on the 4th of September with 619 deaths and ended on the 5th of December, and that the total number of deaths for the city and Province of Manila during this period was 13,377.

Included within the Province of Manila were the towns of Caloocan, Malabon, Navotas, Novaliches, San Juan del Monte, Mariquina, San Mateo, Montalban, San Pedro Macati, Pasig, Pateros, Taguig, Pineda, Malibay, Parañaque, Las Piñas, and Muntinlupa, in addition to the territory at present included within the limits of the city of Manila.

Doubtless the statement for the province is as far below the truth as is the statement for the city of Manila alone.

The curves for the several hospitals show cases and deaths as follows:

Hospital.	Cases.	Deaths.
Tondo.....	490	340
Malate.....	408	220
San Lazaro.....	663	426
Santo Tomas.....	289	129
Tanduay.....	213	128
Totals.....	2,063	1,248

In only one instance have I succeeded in getting any check on these latter figures. Dr. Ariston Bautista Lin states that he was employed in the Santo Tomas Hospital at the time, and that according to his recollection during the first month there were some 600 admissions and

400 deaths! I am forced to the conclusion that the statistics on which these curves are based are very unreliable.

In 1884, in describing an epidemic of beriberi which occurred at Manila during the years 1882 and 1883, Koeniger (Ueber Epidemisches Auftreten von Beriberi in Manila, 1882 and 1883, Deutsch Archiv. fur Klin. Medizin, 1884, 35, 419) incidentally refers to this outbreak and makes the following statement in regard to it:

"From August to October, 1882, Manila was visited by a severe cholera epidemic, which there found a fertile soil, carrying off fifteen to twenty thousand victims. A panic occurred among the natives as well as among the European population, because cholera had not been present since 1865, and as the mortality was more than 75 per cent. After the epidemic had subsided, on October 20 a terrible typhoon visited the city and province and destroyed all suburban houses built of light materials."

There is a rather striking difference between Koeniger's figures of 15,000 to 20,000 deaths and those published in the Official Gazette, which gives 2,108 as the number of deaths occurring in Manila in 1882; and those in "Cuadros Graficos" which give 5,413.

I have been informed by persons living in Manila at the time that for a considerable period deaths were believed to have occurred at the rate of about a thousand per day.

Father Chouza informs me that on a single day, when the epidemic was at its worst, there were 1,300 deaths; that there were not sufficient persons employed at the cemeteries to bury so large a number of dead, and that Governor-General Primo de Rivera sent a battalion of engineers to the La Loma Cemetery to assist in the work.

Dr. Eliodoro Mercado, who was a medical student at the time of this epidemic, states that when it was at its worst one could not pass along Calle Cervantes or through the San Lazaro estate on account of the odor from decaying bodies.

I have been informed by credible witnesses, who lived in Manila at the time, that the streets leading to the cemeteries were often completely blocked with calesins, carromatas, victorias, carts, and other vehicles carrying the bodies of the dead.

It is a well-known fact that under Spanish rule it was the custom to prohibit the dissemination of information as to the prevalence of dangerous communicable diseases.

Much may be said in favor of such a policy, as the popular alarm incident to an outbreak of epidemic disease often tends to create conditions which facilitate its spread. In view of the determined effort so recently made in San Francisco to conceal the presence of bubonic plague in that city, Americans certainly can not afford to be hypercritical in considering the policy pursued by the Spanish Government in these Islands relative to the making known of the truth in regard to the prevalence of cholera.

However, as our own policy has always been to publish the exact truth,

so far as obtainable, relative to the prevalence of communicable diseases, it must be clearly remembered that no direct comparison between the Spanish health statistics and our own is possible.

Familiar as we are with the *general* policy pursued by the Spanish Government in this matter, it becomes important to ascertain whether there was any deviation from it in connection with the epidemics which began in 1882 and 1888, respectively. I am informed by reliable Spanish citizens who were present in the Philippines at the time and whose official position was such that they were necessarily cognizant of the facts, that there was no such departure. It is commonly stated that the great typhoon which occurred on October 20, 1882, terminated the epidemic which began in that year, but this is not the case. It is doubtless true that the number of cases had become greatly diminished at the time of this storm and advantage was taken of this fact and of the occurrence of the storm to state that the epidemic had ended and to assign a cause for its cessation which would appeal to the imagination of the common people.

The truth is that the Governor-General gave orders that after a certain date no more cases of Asiatic cholera should be reported as such but that they should be called "*entero-colitis*," "*gastro-enteritis*," or "*cholera nostras*" and this was done. A special ward was set aside at the San Juan de Dios Hospital for the continued treatment of cholera cases which were, however, diagnosed as directed by the Governor-General.

The policy of concealing the existence of cholera in Manila and of reporting deaths from it as having been occasioned by other diseases was steadily followed until the cases again became so numerous in 1888 that further concealment was hardly possible. At this time certain Spanish physicians of the city, being convinced of the imperative necessity for taking active measures for holding the disease in check, appointed one of their number to call on Governor-General Weyler and inform him that cholera was present and that the number of cases was such as to offer a very serious menace to the public health. The gentleman thus delegated to visit the Governor-General is to-day a resident of the city of Manila and informs me that the Governor-General, after listening to him, replied that he knew why he had come to him; that what he really wanted was eight hundred or a thousand pesos a month as additional salary to divide with his colleagues; that he would not give them a cent; and that *there was no cholera in the city!* On being interrogated as to what name should then be assigned to the "*prevailing ailment*" he made the inquiry; "*Why do I have doctors?*" In this case a word to the wise was naturally sufficient and the unfortunate envoy was elected by his colleagues to take charge of the cholera ward at the San Lazaro Hospital where the victims of the disease were entered as suffering from other complaints.

Later when it suited the purpose of the Governor-General to discredit the chief health officer and when, indeed, cases had become so numerous

that concealment was no longer possible, the presence of cholera was announced, and the chief health officer was savagely assailed for having allowed it to enter the Islands, although in point of fact it is well known to have originated in the vicinity of Taytay.

In view of these facts it seemed to me very important, in attempting to trace the history of cholera in the Philippines, to ascertain the number of deaths ostensibly due to "entero-colitis," "gastro-enteritis" and "cholera nostras" under which headings cholera deaths were entered.

Through the courtesy of the Most Reverend Jeremiah J. Harty, Archbishop of Manila, all existing church records of deaths in the city from 1883 to 1897, inclusive, have been placed at my disposal, and with the kind and invaluable assistance of Father Chouza, who has supervised the compiling of statistics therefrom, the following facts have been ascertained:

Year and month.	"Entero-colitis" and "gastro-enteritis"	"Cholera."	Total deaths from cholera.	Total deaths, all causes.	Year and month.	"Entero-colitis" and "gastro-enteritis"	"Cholera."	Total deaths from cholera.	Total deaths, all causes.
1883.					1886.				
January	29	13	42	1,581	January	22		22	200
February	116	68	184	717	February	23	1	24	207
March	118	72	190	675	March	13	2	15	206
April	120	91	211	658	April	12		12	162
May	212	107	319	792	May	17		17	147
June	87	62	149	569	June	19		20	180
July	104	77	181	584	July	29	1	29	213
August	28	9	37	411	August	15		15	205
September	20		20	300	September	32	1	33	235
October	25	1	26	303	October	19		19	268
November	11		11	319	November	20	2	22	257
December	8		8	373	December	19	1	20	267
Total	878	500	1,378	7,282	Total	240	8	248	2,542
1884.					1887.				
January	2		2	455	January	13	1	14	289
February	9		9	561	February	12		12	201
March	8		8	787	March	20		20	228
April	1	1	2	394	April	25		25	224
May	3	1	4	286	May	23		23	242
June	6	2	8	205	June	52	2	54	324
July	8		8	272	July	70		70	304
August	7		7	305	August	42		42	288
September	11		11	365	September	19		19	296
October	5		5	402	October	48		48	322
November	4		4	356	November	32	1	33	423
December	6		6	347	December	88		88	432
Total	70	4	74	4,735	Total	394	4	398	3,523
1885.					1888.				
January	4		4	286	January	33		33	391
February	4		4	250	February	21		21	304
March	6	1	7	224	March	21		21	260
April	10		10	244	April	29		29	274
May	4		4	205	May	28	1	29	316
June	1		1	176	June	31		31	278
July	10		10	192	July	53	1	54	322
August	20	4	24	215	August	79	12	91	362
September	13	2	15	227	September	72	115	187	619
October	14	1	15	220	October	36	2	38	372
November	10		10	188	November	26	1	27	374
December	8		8	234	December	50	1	51	365
Total	104	8	112	2,661	Total	479	133	612	4,237

Year and month.	"Ente-ro-coli-tis" and "gas-tro-en-teritis"	"Chol-era."	Total deaths from chol-era.	Total deaths, all causes.	Year and month.	"Ente-ro-coli-tis" and "gas-tro-en-teritis"	"Chol-era."	Total deaths from chol-era.	Total deaths, all causes.
1889.					1898—Cont'd.				
January	31	2	33	843	August	111		111	444
February	14		14	283	September	62		62	389
March	40	16	56	391	October	38		38	296
April	60	207	267	740	November	45		45	336
May	28	288	316	875	December	38		38	393
June	34	29	63	446	Total	703		703	4,887
July	67	16	83	423	1894.				
August	109	25	134	427	January	30		30	515
September	50	10	60	229	February	31		31	620
October	22	2	24	275	March	32		32	1,136
November	12		12	223	April	36		36	970
December	20		20	237	May	30		30	545
Total	487	595	1,082	4,892	June	59		59	446
1890.					July	139		139	582
January	15	1	16	218	August	108		108	559
February	23		23	221	September	62		62	443
March	28		28	249	October	42		42	416
April	36		36	322	November	39		39	506
May	35		35	298	December	57		57	578
June	123	4	127	404	Total	665		665	7,211
July	141		141	432	1895.				
August	95	1	96	351	January	47		47	454
September	29		29	249	February	35		35	389
October	38		38	270	March	32		32	344
November	27		27	351	April	30		30	333
December	31		31	402	May	45		45	326
Total	616	6	622	3,762	June	163		163	496
1891.					July	202		202	545
January	39		39	492	August	171		171	600
February	35		35	527	September	91		91	491
March	47		47	503	October	56		56	526
April	31		31	465	November	46	1	47	463
May	35		35	588	December	36		36	394
June	34		34	345	Total	954	1	955	5,361
July	55		55	407	1896.				
August	74		74	462	January	44		44	407
September	47	1	48	488	February	52		52	373
October	35	1	36	436	March	51		51	469
November	25		25	352	April	49		49	563
December	31		31	813	May	57		57	588
Total	488	2	490	5,823	June	172		172	597
1892.					July	270		270	723
January	42		42	352	August	163		163	535
February	38		38	301	September	76		76	414
March	39		39	301	October	45		45	392
April	38		38	317	November	71		71	414
May	53		53	317	December	51		51	425
June	67		67	305	Total	1,106		1,106	5,900
July	133		133	426	1897.				
August	104		104	439	January	58		58	340
September	53		53	356	February	65		65	342
October	46		46	414	March	45		45	336
November	57		57	463	April	82	2	84	402
December	45		45	426	May	59	1	60	418
Total	715		715	4,430	June	70	1	71	432
1893.					July	98		98	418
January	38		38	380	August	96		96	428
February	40		40	287	September	46		46	368
March	32		32	379	October	49		49	383
April	40		40	450	November	72		72	412
May	28		28	527	December	51		51	393
June	70		70	464	Total	791	4	795	4,677
July	166		166	592					

From these tables it appears that in spite of prohibitions some deaths were recorded as being due to *cholera* during each year of this period except 1892, 1893, 1894 and 1896, and that during these latter years the deaths from "*entero-colitis*" and "*gastro-enteritis*" were 715, 703, 665, and 1,106, respectively.

While it is doubtless true that some of these deaths were due to acute intestinal troubles other than Asiatic cholera, such for example as cholera nostras, the important fact is that they were believed to be Asiatic cholera and that, judging from the observed facts relative to the occurrence of cholera nostras, this belief was doubtless well founded in most cases.

It must be remembered furthermore that the records of Malate and those of Binondo up to 1894 furnish no information, as no statements of the causes of death were given; a large number of deaths occurring in Intramuros were also recorded without any statement of the cause of death; all of the records of the Paco Church were burned in 1889; and finally the area included within the city of Manila in Spanish days was materially smaller than that included within the present city limits.

The annual death rate per thousand has steadily fallen since the establishment of the Board of Health and is now certainly lower than it was during the period covered by these statistics. The average annual number of deaths for the past five years has been 9,522. When this total is compared with the average annual number of deaths given in these church records as 4,708, it is evident that considerable less than half of the deaths which must actually have occurred in the region included within the present limits of the city of Manila are recorded.

Supplementing these very interesting figures, Dr. Eliodoro Mercado has stated to me that when he was serving in the San Juan de Dios Hospital in 1885, five or six cases of true cholera were being brought to that institution daily. *As usual, however, they were not entered as cholera cases.*

So far as concerns the provinces, information relative to the concealment of the presence of cholera is more difficult to obtain, but through the presence in Manila of a Spanish physician who was assigned to duty in the Province of Cagayan in 1884, I have learned that there was an epidemic there during that year. It was not so widespread as the previous one, nor was the infection so virulent, nevertheless the loss of life was considerable. All of the precautions which would naturally be taken in dealing with cholera were adopted, *but it was deemed best to conceal the true nature of the disease.*

Let us have done then with idle talk about the good old days when cholera did not prevail in the Islands to any such extent as at present. *Let us remember that there was one day in 1882 when the number of deaths from cholera in Manila was thirty-four times the largest number that has occurred on any one day since the American occupation!* Let us not forget that the epidemic which is variously stated to have begun

in 1817, 1819, and 1820, at all events continued during the years 1821, 1822 and 1823 and recurred in 1830; also that epidemics of cholera occurred in 1842, 1854, 1863-1865, 1882-1885, 1888 and 1889; that the *officially* admitted mortality for 1888 and 1889 in the city of Manila was 2,403 and in only a portion of the provinces to which the disease is known to have extended at that time was 17,280; that a reliable German physician places the mortality in Manila during 1882 alone at 15,000 to 20,000, and that very incomplete figures for the provinces during the years 1882 and 1883 give the deaths at 76,884; and finally that cholera cases occurred at Manila during 1886, 1887, 1890, 1891, 1892, 1893, 1894, 1895, 1896 and 1897, the least recorded number during any one of these years being 248 in 1886 and the greatest 1,106 in 1896.

THE EPIDEMIC OF 1902-1904.

On March 3, 1902, the attention of the Chief Quarantine Officer of the Philippine Islands was called to the existence of Asiatic cholera in Canton, China. Five days later it was reported to be in Hongkong. Manila had been depending largely upon Canton for green vegetables. Notice was at once sent to the officer of the United States Public Health and Marine-Hospital Service at Hongkong that all vegetables not certified by him would be refused admission, and on March 19th an order was issued to the Chief Quarantine Officer of the Philippine Islands forbidding the further importation of green vegetables, while as an additional precaution the Commissioner of Public Health instructed his subordinates to report immediately all cases of persons suffering from bowel trouble of a suspicious character.

On March 20, at 2.30 p. m., it was found that two patients in the San Juan de Dios Hospital were developing symptoms of cholera. Specimens of their dejecta were taken by the Director of the Biological Laboratory, cultures were immediately prepared therefrom and on the following morning it was definitely known that the disease was truly Asiatic cholera. Later in the day on March 20 two additional cases developed. On the 21st there were 6, on the 22d, 4, on the 23d, 8, and on the 24th, 14. Thus the cholera epidemic of 1902-1904 began.

Very energetic measures were immediately adopted to prevent the spread of the disease. These measures aroused hostility, and the officers of the Board of Health, as well as the Secretary of the Interior, were savagely attacked in the public press for saying that the disease was Asiatic cholera. Reputable physicians who had lived in the country for years insisted that it was not, *stating that a similar disease came every year just before the rains or at the time of harvesting the new rice; that it was due to climatic conditions or to the eating of rice not fully matured, and that it was not contagious.*

As to the origin of this epidemic, it is definitely known that a quantity of condemned Chinese vegetables were thrown overboard from a steamer in the bay, in violation of orders, and were in part washed ashore in the

Farola district of Manila, and it seems probable that some of these were eaten without being properly cooked by the people of that district, where the first cases appeared.

However, in view of the emphatically reiterated statements of local physicians that a disease *identical* with that which presented itself at this time, and which proved to be Asiatic cholera, had occurred annually for many years there would seem to be good reason for believing that cholera of a mild form had been endemic in the Islands and that this epidemic was merely a recrudescence.

In order to convince the public of the true nature of the disease and of the necessity of vigorous and radical measures if a general epidemic was to be avoided, the official statement of the Director of the Biological Laboratory was widely published but this, too, failed of its purpose and for several months there were not lacking intelligent laymen and even physicians who insisted that there was no cholera in the Islands. Unfortunately, their belief was ill founded and the epidemic which began on March 20, 1902, did not terminate in Manila until February 29, 1904, prior to which time there were 5,581 cases and 4,386 deaths, while in the provinces it lasted until March 8, 1904, with 160,671 cases and 105,075 deaths.

In considering the spread of the disease I shall trace its course, first, in Manila, and then in the provinces.

THE EPIDEMIC IN MANILA.

The cases and deaths were as follows:

Month and year.	Total cases.	Deaths.	Month and year.	Total cases.	Deaths.
1902.			1903—Continued.		
March	108	90	April	33	27
April	586	406	May	230	212
May	550	442	June	39	38
June	601	492	July	42	38
July	1,368	1,053	August	89	72
August	720	581	September	290	263
September	273	179	October	127	118
October	87	57	November	31	26
November	336	236	December	14	13
December	35	24			
1903.			1904.		
January	7	4	January	4	5
February	2	1	February	3	3
March	6	6	Total	5,581	4,386

On March 23, 1904, the Board of Health adopted the following resolution:

Whereas the last case of Asiatic cholera occurred in the city of Manila on February 29, 1904, there having been but four positive or suspected cases of Asiatic cholera in the city of Manila since January 6, 1904; and

Whereas the provinces adjacent to Manila have been free from cholera during the present year: On motion

Resolved, That the city of Manila is, and is hereby declared, free from the infection of Asiatic cholera.

MEASURES ADOPTED IN 1902 TO HOLD CHOLERA IN CHECK.

At the time of the outbreak Governor Taft was in the United States, Acting Governor Wright was in Leyte, the Secretary of Finance and Justice was in Japan, and there were present in Manila only the Secretary of Public Instruction and the Secretary of the Interior. As the executive head of the Government was absent and there was no quorum of the legislative body, I of necessity arrogated to myself powers which I did not lawfully possess, appointing employees and incurring expenses without the usual formalities.

On the morning of March 21 I informed General Chaffee that four cases of cholera had occurred in Manila and requested that an adequate military force be dispatched to the valley of the Mariquina River to protect the city water supply from possible contamination.

This request was promptly acceded to and the guard thereafter maintained proved adequate to prevent infection of the city water although there are three towns on the river above the intake and it was the custom of the people to bathe and wash their clothing in its waters.

The filthy surface wells of the city were filled as rapidly as possible, and those that could not be filled were closed.

The people, entirely unaccustomed as they were to any sanitary restrictions, believing as many of them did that the disease was not cholera and firm in their conviction that they had a right to do whatever they liked so long as they kept on their own premises, bitterly resented the burning or disinfection of their houses and effects and the restriction of their liberty to go and come as they pleased, and, in spite of the fact that the number of cases was kept down in a manner never before dreamed of at Manila, there arose an increasingly bitter feeling of hostility toward the work of the Board of Health. *In fact the very success of the campaign proved an obstacle and we were assured that the disease could not be cholera, as if it were there would be a thousand deaths a day!*

An educational campaign was immediately begun and simple directions for avoiding cholera were published and scattered broadcast. Distilled water was furnished gratis to all who would drink it, stations for its distribution being established through the city, supplemented by large water wagons driven through the streets. The sale of foods likely to convey cholera was prohibited. Large numbers of emergency sanitary inspectors were immediately appointed and every effort was made to detect all cases as soon as possible. A land quarantine was established about the city.

In anticipation of a possible extensive outbreak of contagious disease a detention camp capable of accommodating some 2,500 people had been established on the San Lazaro grounds, and to this place were taken the cholera "contacts." A cholera hospital was also established on these grounds and the sick were removed to it from their homes as speedily as

possible, the buildings which they had occupied being thoroughly disinfected or burned when disinfection was impracticable.

The bodies of the dead were at the outset either buried in hermetically sealed coffins or cremated. When the detention camp and hospital at San Lazaro threatened to become crowded a second camp and hospital were established at Santa Mesa. At this latter place not only "contacts" but the sick as well were obliged to live in tents.

The Spanish residents were allowed to establish a private cholera hospital in a large and well-ventilated convento on Calle Herran. As the number of sick Spaniards was nothing like sufficient to fill this building they were asked to turn over the unoccupied space in it to the Board of Health which they most generously did.

In response to popular clamor a hospital under strictly Filipino management was opened in a nipa building in Tondo. Interest in it soon flagged and the Government found itself with this institution on its hands.

DIFFICULTIES ENCOUNTERED.

The epidemic came soon after the close of a long continued war and there were at that time in Manila not a few evil-intentioned persons, both foreign and native, who welcomed every opportunity to make trouble. The difficulties arising from the claim advanced by so many reputable medical men that the disease was not cholera at all were sufficiently great, but they were enormously increased by false and malicious tales to the effect that "contacts" were killed at the detention camp, that patients on arrival at the cholera hospital were given a drink of poisoned "vino" and instantly dropped dead, that the distilled water distributed free of charge was poisoned, and that the Americans were poisoning the wells.

The necessary use of strychnine as a heart stimulant at the cholera hospital was made the basis for a story that the sick were being poisoned with this drug.

These silly tales were widely circulated and quite generally believed and as a result of the fear thus engendered, and of the desire on the part of relatives and neighbors of the sick to escape disinfection and quarantine, strong efforts were often made to conceal the sick and the dead and when this was not possible the "contacts" usually ran away. There were not wanting instances of the driving of cholera victims into the streets.

In spite of the generally hostile attitude of the public and some grave mistakes in policy, the measures adopted sufficed at the outset to hold the disease in check to an extent which surprised even the health officers themselves.

The maximum number of cases for any one day in March was 15. In April it was 38, this number occurring on the 30th of that month.

On the 1st and 14th of May 38 cases were again recorded and there then began a rapid and quite steady decline. On the 24th there were 6 cases, on the 28th 5, and on the 31st, 5.

In June, however, the number began to creep up again reaching a maximum of 42 on the 30th. During July it grew steadily larger and on the 25th of that month there were 91 cases, *the largest number which has ever occurred in Manila on any day since the American occupation.*

A NEW COMMISSIONER OF PUBLIC HEALTH APPOINTED.

Throughout the early months of the epidemic Major Maus had labored unceasingly to check it, displaying an energy and an indifference to fatigue and personal discomfort which were highly commendable. The long-continued strain ultimately began to tell on him severely and it became evident that while he was quick to throw an organization into the field he easily became discouraged and then wanted to smash his machine and build a new one to take its place.

He had applied for leave of absence and advantage of this fact was taken to arrange for his successor. On May 17 orders were received from the Adjutant-General's Office providing for his relief on or about July 30, and stating that Maj. E. C. Carter, of the United States Army Medical Corps, would be available for detail as Commissioner of Public Health on that date if his services were desired. Arrangements were accordingly made to have Major Carter proceed to the Philippines.

It was known that he would arrive early in August and the original intention was to have him substitute Major Maus as soon after his arrival as he could become familiar with his duties, but the startling increase in the number of cholera cases during July coupled with the fact that Major Maus was obviously upon the verge of a nervous breakdown, led the Acting Civil Governor to accept his resignation on the 31st without waiting for the arrival of his successor.

Dr. Frank S. Bourns, who had been a major of Volunteers in the Army Medical Corps, and had refused appointment as Commissioner of Public Health when the position was offered to him by Governor Taft prior to the appointment of Major Maus, was urged to give up his private business and take charge temporarily until the cholera situation in Manila was again brought under control.

Up to that time the cases by months had been for March (twelve days only), 108 cases; April, 586 cases; May, 550 cases; June, 601; July, 1368, and *the average for the week preceding the acceptance of Major Maus' resignation had been 61 per day, a figure never once reached since.*

On the 8th of August Major Carter arrived and announced his readiness to assume his duties, but it was suggested to him that he ought first to have some time to familiarize himself with them, and Dr. Bourns

was left free to carry out the special work for which he had been appointed.

This he did with promptness and dispatch, the number of cases for August being but 720 as against 1,368 for the previous month. On the 8th of September, having brought the situation well in hand he insisted on resigning in order to attend to his private affairs, which were suffering from neglect, and his resignation was reluctantly accepted.

Dr. Bourns' remarkable success in dealing with a very bad situation was largely due to his readiness to adopt measures which, while thoroughly effective, were less harsh and irritating to the public than were those which had been employed by his predecessor.

The policy which he had inaugurated was followed by his successor with the result that the cases fell to 275 in September and 88 in October. In November there was a slight recrudescence; the total number of cases reaching 341, the maximum number on any one day being 44, but the disease did not again threaten to escape control and in February practically disappeared there being but two cases during the entire month.

In March there were six cases, in April 32, and in May, possibly owing to the unfavorable climatic conditions which occur during that month and which, according to Spanish and Filipino physicians, had favored the development of the disease resembling cholera during previous years, there were 230 cases. In June the number fell to 39. In July it was 42; in August, 89; in September, 290; October, 127; November, 31; December, 14; January, 4; and in February the number was 3. In March there were no further cases and thus the epidemic of 1902-1904 ended in Manila with 5,581 cases.

In view of the conditions which then prevailed and of the extreme risk of a general infection of the city water supply which, had it occurred, would doubtless have resulted in the death of a third of the population, this is a record of which the Bureau of Health may well be proud.

At the beginning of the epidemic the detail of medical officers from the United States Army was requested, and within ten days thirty-one were assigned to duty with the Board of Health. During the first two weeks of the epidemic 1,500 men, nearly all Americans, were employed and the number of employees was subsequently increased until it reached about 5,000.

THE EPIDEMIC OF 1902-1904 IN THE PROVINCES.

The effort to prevent the spread of infection by maintaining a land quarantine around Manila proved entirely ineffective. The disease promptly appeared in the provinces where the campaign against it was from the outset in charge of newly appointed Presidents of Provincial

Boards of Health, aided, when practicable, by medical inspectors from Manila.

The following table gives the results in summary form:

Table showing in summary form the cholera cases and deaths in the provinces during the epidemic of 1902-1904.

Month and year.	Number of cases.	Number of deaths.	Month and year.	Number of cases.	Number of deaths.
1902.			1903—Continued.		
March	9	7	May	1,402	885
April	1,927	1,417	June	3,554	2,945
May	2,407	1,631	July	4,167	2,806
June	5,204	4,097	August	10,212	7,406
July	7,757	5,807	September	4,613	3,672
August	11,247	7,874	October	2,531	1,969
September	43,346	27,410	November	1,119	937
October	30,837	18,572	December	364	270
November	12,353	6,681	1904.		
December	5,916	3,583	January	35	24
1903.			February	61	42
January	4,921	2,757	March	23	10
February	2,957	2,009	April	1	0
March	1,903	1,124	Total	160,671	105,075
April	1,772	1,147			

Table showing, by months, the provinces infected by cholera, with the total number of cases and deaths during each month.

Month, year, and provinces.	Cases.	Deaths.	Month, year, and provinces.	Cases.	Deaths.		
1902.			1902—Continued.				
March:			July:				
Bulacan	9	7	Rizal	7,757	5,807		
Rizal			Camarines				
Cavite			Pampanga				
Bataan			Tarlac				
Camarines			Laguna				
April:			Marinduque				
Bulacan	1,927	1,417	Zambales				
Rizal			Union				
Cavite			Ilocos Sur				
Bataan			Cebu				
Camarines			Ilocos Norte				
Pampanga			Sorsogon				
Pangasinan			Bohol				
Tarlac			August:				
Nueva Ecija			Bulacan	11,247	7,874		
Laguna			Rizal				
May:			Cavite				
Bulacan	2,407	1,631	Bataan				
Rizal			Camarines				
Cavite			Pampanga				
Bataan			Pangasinan				
Camarines			Tarlac				
Pampanga			Leyte				
Pangasinan			Batangas				
Nueva Ecija			Laguna				
Leyte			Samar				
Batangas			Mindoro				
Laguna	Union						
Samar	Ilocos Sur						
Mindoro	Cebu						
Tayabas	Ilocos Norte						
June:			Sorsogon				
Rizal	5,204	4,097	Bohol				
Camarines			Albay				
Pampanga			Negros Occidental				
Laguna			Iloilo				
Mindoro							
Tayabas							

Table showing, by months, the provinces infected by cholera, with the total number of cases and deaths during each month—Continued.

Month, year, and provinces.	Cases.	Deaths.	Month, year, and provinces.	Cases.	Deaths.
1902—Continued.			1903—Continued.		
August—Continued.			February—Continued.		
Benguet	}	}	Leyte	}	2,957
Masbate			Batangas		
Cagayan			Zambales		
September:			Cebu		
Rizal	}	}	Sorsogon		
Camarines			Bohol		
Pampanga			Albay		
Tarlac			Negros Occidental		
Laguna			Surigao		
Union			Capiz		
Ilocos Sur			Romblon		
Ilocos Norte			Antique		
Sorsogon			Misamis		
Bohol	43,346	27,410	Masbate		
Albay			March:		
Iloilo			Camarines	}	1,903
Benguet			Nueva Ecija		
Surigao			Leyte		
Capiz			Samar		
Negros Oriental			Zambales		
Romblon			Cebu		
October:			Sorsogon		
Rizal	}	}	Bohol		
Camarines			Negros Occidental		
Tarlac			Capiz		
Laguna			Antique		
Union			Misamis		
Ilocos Sur			Masbate		
Ilocos Norte			April:		
Sorsogon			Rizal	}	1,772
Bohol			Camarines		
Iloilo	30,837	18,572	Pampanga		
Benguet			Leyte		
Romblon			Samar		
Antique			Zambales		
Misamis			Cebu		
Masbate			Sorsogon		
November:			Bohol		
Rizal	}	}	Albay		
Camarines			Negros Occidental		
Tarlac			Surigao		
Ilocos Sur			Capiz		
Ilocos Norte			Negros Oriental		
Sorsogon			Misamis		
Bohol			Cagayan		
Iloilo			May:		
Benguet			Bulacan	}	1,402
Surigao			Rizal		
December:			Cavite		
Camarines	}	}	Camarines		
Ilocos Norte			Pampanga		
Sorsogon			Leyte		
Bohol			Laguna		
Iloilo			Samar		
1903.			Cebu		
January:			Ilocos Norte		
Rizal	}	}	Sorsogon		
Camarines			Bohol		
Pampanga			Albay		
Nueva Ecija			Negros Occidental		
Leyte			Iloilo		
Batangas			Capiz		
Samar			Misamis		
Zambales			Masbate		
Cebu			Cagayan		
Sorsogon			June:		
Bohol	4,921	2,757	Bulacan	}	3,554
Albay			Rizal		
Negros Occidental			Cavite		
Iloilo			Camarines		
Surigao			Pangasinan		
Capiz			Leyte		
Antique			Batangas		
Misamis			Laguna		
Masbate			Samar		
February:			Cebu		
Camarines			Ilocos Norte		
Pampanga			Sorsogon		
Nueva Ecija			Bohol		
			Albay		

Table showing, by months, the provinces infected by cholera, with the total number of cases and deaths during each month—Continued.

Month, year, and provinces.	Cases.	Deaths.	Month, year, and provinces.	Cases.	Deaths.
1903—Continued.			1903—Continued.		
June—Continued.			September—Continued.		
Negros Occidental			Union		
Iloilo			Cebu		
Capiz			Ilocos Norte		
Misamis			Bohol		
Masbate			Negros Occidental		
Cagayan			Iloilo		
Romblon			Surigao		
Isabela			Capiz		
July:			Antique		
Bulacan			Misamis		
Rizal			Cagayan		
Cavite			Isabela		
Camarines			October:		
Pangasinan			Bulacan		
Tarlac			Rizal		
Nueva Ecija			Cavite		
Leyte			Bataan		
Batangas			Camarines		
Laguna			Tarlac		
Zambales			Nueva Ecija		
Union	4,167	2,806	Leyte		
Cebu			Batangas		
Ilocos Norte			Laguna		
Bohol			Tayabas	2,581	1,969
Albay			Zambales		
Negros Occidental			Union		
Iloilo			Ilocos Sur		
Surigao			Cebu		
Capiz			Bohol		
Antique			Negros Occidental		
Misamis			Iloilo		
Masbate			Surigao		
Cagayan			Capiz		
Nueva Vizcaya			Antique		
August:			Cagayan		
Bulacan			Isabela		
Rizal			November:		
Cavite			Bulacan		
Bataan			Rizal		
Camarines			Cavite		
Pampanga			Bataan		
Pangasinan			Camarines		
Tarlac			Tarlac		
Nueva Ecija			Nueva Ecija	1,119	937
Leyte			Ilocos Sur		
Batangas			Cebu		
Laguna			Bohol		
Samar			Negros Occidental		
Mindoro			Iloilo		
Tayabas			Surigao		
Marinduque	10,212	7,406	Capiz		
Zambales			Antique		
Union			December:		
Ilocos Sur			Bulacan		
Cebu			Rizal		
Ilocos Norte			Cavite		
Sorsogon			Bataan		
Bohol			Tarlac		
Albay			Nueva Ecija	364	270
Negros Occidental			Ilocos Sur		
Iloilo			Bohol		
Benguet			Negros Occidental		
Antique			Iloilo		
Misamis			Capiz		
Masbate			Antique		
Cagayan					
September:			1904.		
Bulacan			January:		
Rizal			Nueva Ecija	35	24
Cavite			Cebu		
Bataan			Negros Occidental		
Pangasinan			February:		
Tarlac			Negros Occidental	61	42
Nueva Ecija			Iloilo		
Leyte			March:		
Batangas			Cebu	23	10
Laguna			Capiz		
Marinduque			April:		
Zambales	4,618	3,672	Not stated	1	0

CRITICISM OF THE 1902 CHOLERA CAMPAIGN.

During the period from March 20 to July 31, 1902, the campaign against cholera in Manila was under the immediate control of Maj. Louis M. Maus, of the United States Army Medical Corps, who was President of the Board of Health and Commissioner of Public Health for the Philippine Islands.

However, the Commissioner of Health was under my control and the plan of campaign followed by him was adopted with my knowledge and approval. In criticising it I am, therefore, in many instances, criticising myself as well as him and shall endeavor to assume my full share of responsibility for the undoubted mistakes which were made.

The most serious blunder was the attempt to establish a land quarantine around the city of Manila for the protection of the neighboring provinces. This effort resulted in imposing serious and useless annoyance upon a very large number of persons and was entirely futile. It would have taken a good-sized army of soldiers to make it really effective, and even then cholera victims would probably have been smuggled out of the city by water at night.

At the outset the cases seemed to be strictly confined to the Farola district, a small triangular area at the mouth of the Pasig River, bounded by that stream, by Manila Bay, and by an estero or canal connecting the river with the bay. As soon as it became apparent that the disease was localized there I suggested that this district, which was covered for the most part with filthy and almost worthless shacks, be burned over and that its inhabitants be transferred to the detention camp. The Commissioner of Health deemed it sufficient to guard it with a view to preventing the escape of any of its inhabitants, removing the sick to the cholera hospital and the "contacts" to the detention camp. On the second day I renewed my suggestion with emphasis, and on the third day embodied it in the form of a specific verbal order. This order was carried out, but unfortunately the guard had proved insufficient to prevent the escape of a number of persons actually sickening with cholera who had scattered through the city and now began to start new foci of infection. I am of the opinion that if all the inhabitants of the Farola district had been removed at the outset to the detention camp and the district swept by fire and then drenched with disinfectants, the epidemic of 1902-1904 might have been avoided.

As it was, the detention camps at San Lazaro and Santa Mesa accomplished no good at all commensurate to the expense involved in

their maintenance and the popular prejudice produced by transferring to them the supposed cholera "contacts."

The nipa barracks of the San Lazaro camp were barely completed when the epidemic broke out, and had not been furnished. It was necessary to equip them very hastily and at the same time to provide commissary facilities for a large number of people, and as a result the persons first sent to this camp suffered some material discomfort which added to the prejudice against the Board of Health.

The tent hospital on the San Lazaro grounds was located in a shady place and served its purpose fairly well but the one at Santa Mesa was exposed to the blazing sun, and a tent hospital maintained under such climatic conditions as prevail in the lowlands of the Philippines is at best a very unsatisfactory affair. It would have been far wiser to secure at the outset a suitable building, like the convento ultimately occupied on Calle Herran.

The cremating of so many of the dead, while from a strictly sanitary point of view an admirable method of disposing of them, provoked much hostility and was, under the circumstances, a mistake.

There was at the outset altogether too much destruction of property. Thorough disinfection should have taken the place of much of the burning that was indulged in.

Some abuses were perpetrated by sanitary inspectors and disinfectors. The guilty were severely punished whenever detected. It is doubtless true that not a few of them escaped detection but the responsibility for this must rest upon those who failed to make complaint rather than on the Commissioner of Public Health, who caused all complaints to be investigated promptly.

On the 27th of April, 1904, the Board of Health passed the following resolution:

Whereas cases of Asiatic cholera have occurred in but three provincial towns of the Philippine Islands since February 8, 1904; and

Whereas only one case of Asiatic cholera has been reported as occurring at any place in the Philippine Islands since March 8, 1904; and

Whereas the city of Manila was declared on March 23 to be free from the infection of Asiatic cholera: On motion

Resolved, That the islands composing the Philippine Archipelago are, and are hereby declared to be, free from the infection of Asiatic cholera; and

Be it further resolved, That the Commissioner of Public Health be directed to send a copy of the these resolutions to the honorable the Secretary of the Interior, the Municipal Board, the United States Marine-Hospital Service, and the Collector of Customs.

The following table shows the order in which the provinces become infected and the prevalence of the disease in each:

Province.	First case.	Last case.	Total cases.	Deaths.
Rizal	Mar. 23, 1902	Dec. 3, 1903	1,263	760
Bulacan	do	Dec. —, 1903	1,823	1,363
Cavite	Mar. 27, 1902	do	876	634
Bataan	Mar. 28, 1902	do	1,267	917
Camarines	Mar. 30, 1902	Nov. —, 1903	1,403	1,045
Pampanga	Apr. 6, 1902	Aug. —, 1903	1,209	860
Pangasinan	Apr. 20, 1902	Sept. —, 1903	7,771	5,478
Tarlac	Apr. 28, 1902	Dec. —, 1903	986	718
Nueva Ecija	May 8, 1902	Jan. —, 1904	1,905	1,514
Leyte	May 9, 1902	Oct. —, 1903	1,445	1,098
Batangas	May 20, 1902	do	3,433	2,718
La Laguna	May 23, 1902	do	2,981	2,399
Samar	May 29, 1902	Aug. —, 1903	1,391	1,345
Mindoro	June 10, 1902	do	308	279
Tayabas	June 13, 1902	Oct. —, 1903	376	246
Marinduque	July 1, 1902	Sept. —, 1903	—	532
Zambales	July 3, 1902	Oct. —, 1903	2,161	1,412
La Union	July 6, 1902	do	3,874	2,883
South Ilocos	July 9, 1902	Dec. —, 1903	1,672	1,114
Cebu	July 14, 1902	Mar. —, 1904	14,210	9,983
North Ilocos	July 24, 1902	Sept. —, 1903	1,694	1,228
Sorsogon	do	Mar. —, 1903	542	255
Bohol	July 29, 1902	Dec. —, 1903	2,706	1,877
Albay	Aug. 15, 1902	do	1,142	1,049
Occidental Negros	Aug. 18, 1902	Feb. —, 1904	8,564	2,553
Iloilo	Aug. 24, 1902	do	26,427	19,095
Benguet (cholera got among the wild people of Benguet and the number of cases is not known).				
Surigao	Sept. 5, 1902	Nov. —, 1903	1,022	749
Capiz	Sept. 8, 1902	Mar. —, 1904	4,650	3,016
Oriental Negros	Sept. 29, 1902	Apr. —, 1903	1,136	861
Romblon	Sept. 30, 1902	June —, 1903	200	74
Antique	Oct. 2, 1902	Dec. —, 1903	2,485	1,798
Misamis	do	Sept. —, 1903	4,621	2,477
Masbate	do	Aug. —, 1903	497	291
Cagayan	Apr. —, 1903	Oct. —, 1903	980	672
Nueva Vizcaya	July —, 1903	July —, 1903	1	1
Isabela	Sept. —, 1903	Oct. —, 1903	82	43

The total number of cases in the provinces was 160,671 and the total population for the infected provinces was 6,872,309, giving for the provinces infected one case to each 42.7 inhabitants, as compared to one case for each 45 inhabitants in Manila.

It will be noted that cholera reached every province in the Islands except Abra, Lepanto-Bontoc, and Palawan. Abra, Lepanto-Bontoc, and Nueva Vizcaya (which had but a single case) all escaped when cholera was raging in neighboring provinces on account of their isolated position, which made it possible to maintain a *thoroughly effective* land quarantine on the few trails by which alone they could be reached.

Palawan, on account of its isolated position, also escaped.

In Benguet the disease worked up the partially completed road to Camp Five and from there was scattered through the province by escaping Igorot carriers. As the people of this province were almost entirely non-Christians and as there was no health service among them, the number of cases and deaths was not ascertainable but it is known to have been considerable.

In most cases the presidents of provincial boards of health showed themselves entirely incapable of coping with cholera during this epidemic. Whenever thoroughly trained men could be spared from Manila they were sent to assist them, and demonstrated over and over again the quickness and certainty with which a provincial town may be rid of cholera by the local officials when working under competent direction. In case after case American medical inspectors went into towns where the deaths were running from 50 to 75 per day upon their arrival and within a week or two stamped out the disease completely. But the supply of such competent medical officers was wholly insufficient to meet the demand in the provinces, where as a rule matters were of necessity left entirely in the hands of the provincial and municipal boards of health. The epidemic finally wore itself out, ending quite suddenly.

THE EPIDEMIC OF 1905.

After a respite of nearly fourteen months, cholera, which had disappeared in Manila on April 27, 1904, reappeared on August 23, 1905. In this instance there was no evidence that the disease was brought to the Philippines from any foreign country; on the contrary, like the epidemic of 1888, it appears to have originated in the vicinity of Taytay, Jalajala, and other towns on the Laguna de Bay. For several weeks prior to the outbreak there occurred at Manila a number of suspicious cases which clinically resembled cholera, but this diagnosis could not be confirmed bacteriologically. On August 23 the first typical case developed and curiously enough it occurred in Bilibid prison. Of this occurrence the Commissioner of Health said:

"A case in an institution which is practically cut off from the remainder of the world; where all foodstuffs are permitted to enter only after the most rigid inspection; where all food served that could likely convey cholera is cooked at all times, and, on account of dysentery, it is said that all drinking water was sterilized; it would seem that the routine precautions thus taken should also have afforded protection against the cholera. The commencement of an outbreak in this insidious manner was most puzzling to the sanitary authorities, and the prospects of combating a disease whose origin was so obscure were not encouraging."

Later it was certainly shown that the disease had appeared at Jalajala on the Laguna de Bay, Province of Rizal, on August 20, while there was strong presumptive reason for believing that it had occurred at Taytay and several other lake towns on or before this date, and through the fault of local health officers had remained unreported.

On August 25 an American woman residing at the Grand Hotel in the Walled City was attacked and on the same day an American man residing in a section of the city nearly 2 miles from this place was also attacked.

No connection could be traced between these two cases nor could any history be obtained showing that the same articles of food likely to convey infection had been eaten by these two victims.

At the end of the second week, beginning August 23, there had been 137 cases, as compared with 125 for the same period during the epidemic of 1902-1904.

However, the conditions for combating cholera were now far more favorable than in 1902. Maj. E. C. Carter, who succeeded Major Maus, had at his own request been relieved from duty as Commissioner of Public Health and Dr. Victor G. Heiser, passed assistant surgeon of the U. S. Public Health and Marine-Hospital Service, had been appointed to succeed him on April 5, 1905. Dr. Heiser was a highly trained officer of one of the most efficient services which has ever been organized for the combating of contagious and infectious diseases.

He had under him in the city of Manila a small but thoroughly trained body of 24 medical inspectors, of whom 19 were Americans and 5 were Filipinos. Profiting by his previous experience and that of his predecessors in the Philippine service, he inaugurated a campaign which practically terminated the epidemic in Manila on February 21, 1906 (there was one stray case in March), with a total of 283 cases and 243 deaths.

Table showing the cases and deaths from cholera in Manila during the epidemic of 1905:

Month and year.	Cases.	Deaths.
August, 1905	51	46
September, 1905	147	126
October, 1905	31	29
November, 1905	18	17
December, 1905	8	8
January, 1906	12	12
February, 1906	15	4
March, 1906	1	1
Total	288	243

The first case occurred on August 23, 1905, and the last case on March 21, 1906, and between February 21, 1906, and May 8, 1906, there was but one case.

This brief and decisive campaign reflects the greatest credit on all concerned with it.

The Board of Health had one great advantage in the fact that the San Lazaro contagious disease hospital had been completed. This building with its cool wards and attractive surroundings made it possible to give cholera victims the best of care. The methods followed in this institution are fully given in a letter hereinafter quoted. (See p. 31.)

While the disinfection carried out under the direction of Dr. Heiser was very thorough, it was conducted in such a way as to impose a minimum of inconvenience and property loss on private individuals.

VICIOUS ATTITUDE OF A PORTION OF THE PUBLIC PRESS.

There was at the outset little or no fear of the hospital, but apparently this condition of things was not satisfactory to that small but dangerous element of the Manila public which from the time of American occupation has never let pass any opportunity to make trouble. As usual, the medium of attack was the local press. "Soberanía Nacional" published a most extraordinary article painting in vivid colors the alleged horrors of the San Lazaro Hospital and stating among other things *that the naked bodies of the dead, tagged and with the feet tied together, lay about the entrance of that institution.* A more viciously false statement was never published.

Within twenty-four hours after its appearance terror reigned among the lower classes, and living and dead cholera victims were being smuggled out of the city to neighboring provincial towns.

I sent the editor of this paper a courteous invitation to call at my office, believing that he must have been misled by some wild canard. He made no response.

The following correspondence ensued:

To the EDITOR OF EL SOBERANÍA NACIONAL,

Manila, P. I.

SIR: In your issue of the 7th of July there appeared a paragraph embodying a shameful libel on the administration of the San Lazaro Hospital, which reads as follows:

"Un cuadro verdaderamente aterrador es el que presenta el patio del Hospital de San Lazaro. Los fallecidos por la enfermedad del colera, son expuestos desnudos en el atrio de dicho Hospital con un cartel atado en los pies con la inscripción de sus respectivos nombres."

This statement was so grossly and ridiculously false and at the same time so extremely harmful in its effect as to bring you fairly and squarely within the reach of the law.

Yesterday morning I sent you a courteous letter requesting you to come to my office, purposing to discuss the affair with you in a friendly manner, and hoping to find that the statement referred to had been prepared by some irresponsible subordinate and published through oversight.

As, however, you have neither acceded to my request for a conference nor had the courtesy to reply to my letter, I now have the honor to forward you herewith a communication which embodies a reply to the false statement above referred to and at the same time conveys information as to what is actually being done at the San Lazaro Hospital. I request that you give this letter immediate publicity through your paper, and in the editorial columns or elsewhere in some conspicuous place retract immediately and fully the libelous statement relative to the exposure of the dead, above referred to.

Kindly advise me of your intention in the matter. The bearer of this communication has instructions to wait for your reply. I shall interpret failure to hear from you by return messenger as refusal to retract this slander and to publish the enclosed communication, and shall act accordingly.

Very respectfully,

DEAN C. WORCESTER,
Secretary of the Interior.

[Soberania Nacional and Kapangyarihan ng Bayan, Independent Philippine newspaper.]

Mr. DEAN C. WORCESTER,

Secretary of the Interior, Manila, P. I.

SIR: I have the honor to acknowledge the receipt of your letter dated the 12th instant, and in doing so, I take pleasure in informing you that the letter to which you refer has unfortunately not reached me.

I am very sorry that a lack of courtesy has been attributed to me because of no reply from me having been received; but in view of my not having learned of the existence of this letter for me, I was hardly able to guess what you told me in the same, and I therefore protest against the charge of discourtesy made in your letter.

I am the first to desire that matters of the sort which gave rise to our report of the 7th of July should be taken up with the authorities in a friendly manner, because I believe that this is the most efficacious means of correcting iniquities or of ascertaining the real truth of the matters.

This is the first time that I receive an authorized rectification of what we published in our edition of the 7th instant, and I shall take great pleasure in publishing the same in our edition of to-day.

When I brought to the knowledge of the public that which our service of information had furnished to us, on the 7th of July, it was not my intention to hold up the managers of the San Lázaro Hospital to ridicule before the public, but merely to give a signal of alarm to the authorities, in order that a remedy be immediately provided, in the event of it being true, by the authorities concerned, and for the best of the people, as the Government does not spare any sacrifice for the latter.

I wish to make it known by these presents that our object in publicly commenting upon or denouncing the news received by us is not to defame the government or certain persons, but to redeem our pledge toward the people that we would work for its welfare. To prove this assertion, I should like to have you read what we published on the 11th of July, 1906, under the heading "A visit to the San Lázaro Hospital."

We desire the truth, and to this we consecrate all our energy, even though it be necessary to make sacrifices.

I am convinced that under the protection of the principles which exalt the American people, the Filipino may communicate to his representatives in these Islands, through the press, all that is liable to redound to the detriment of both peoples.

Lastly I will state that in compliance with your request, and in honor of the truth, I shall publish the letter which I am now answering at a prominent place in our edition of to-day, but this does not mean that we shall not publish everything sent to us in refutation thereof.

Very respectfully,

PEDRO GUEVARA, *Manager.*

Señor PEDRO GUEVARA,

Director, "Soberanía Nacional," Manila, P. I.

SIR: I have the honor to acknowledge receipt of your letter of July 12, 1906. Referring to your statement that you did not receive my letter of the 10th instant, I have the honor to advise you that I hold the receipt of Señor Hugo Manás, for the same.

I note that you will publish my letter of the 11th instant, as requested, in your issue of to-day.

I also note that you have ignored my query as to whether or not you would

publish in a conspicuous place in your paper a retraction of a statement referred to in that letter which reads as follows:

"Un cuadro verdaderamente aterrador es el que presenta el patio del Hospital de San Lázaro. Los fallecidos por la enfermedad del cólera son expuestos desnudos en el atrio de dicho Hospital con un cartel atado en los pies con la inscripción de sus respectivos nombres."

This statement is an infamous libel. I do not desire to discuss with you your motives in publishing it. It embodies a positive statement which is unqualifiedly false.

I have read the articles referred to, in your issue of July 11, and do not find that either in this article or anywhere else in your paper you have ever retracted this statement. You must retract it fully and completely and apologize for having published it. Your retraction must be given a conspicuous heading and placed in a conspicuous part of your paper, in your issue of to-morrow, so that it can not escape the attention of any reader.

I regret to be forced to state matters thus plainly, but your action in completely ignoring my request for information as to whether you would or would not retract this article leaves me no other course. By its publication you have done incalculable harm. The least that you can now do is to publish an explicit denial in the form above specified.

I presume that I need hardly suggest to you that the alternative is immediate criminal prosecution upon a serious charge.

Kindly advise me of your decision in the matter by this messenger, who is instructed to await your reply.

Very respectfully,

DEAN C. WORCESTER,
Secretary of the Interior.

In response to this communication, there appeared in *Soberanía Nacional* the following:

We are exceedingly glad to affirm in the honor of truth and justice, that the news given by us on the seventh instant under the title "Painful Scenes," and "Naked Dead," is absolutely absurd, false and unreasonable.

We have investigated the truth of the said notice, and can affirm to our readers that it is entirely inaccurate, as in the courtyard of the said hospital the naked dead that we have spoken of are not now exposed, nor have they ever been so exposed.

The truth is above all things, and to rectify a baseless piece of news should not be a doubtful action on the part of the person who gave the news, but rather something in his favor that the public should appreciate at its full value.

To conclude, we must record our gratitude to the Secretary of the Interior, the Hon. Dean C. Worcester, for the investigations made in the premises with the purpose of ascertaining the truth of the alleged facts, and for the courteous way in which he received us this morning when interviewed by one of our reporters.

Letter which the editor of *Soberanía Nacional* was required to publish:

THE TRUTH ABOUT THE GOVERNMENT CHOLERA HOSPITAL.

To the EDITOR, *SOBERANÍA NACIONAL, Manila, P. I.*

SIR: I beg leave to call your attention, and through your valuable paper, the attention of your readers, to the statement which appeared in your issue of Saturday, July 7, under the heading "Escenas Dolorosas." I take it for granted that the statement referred to did not come to your notice before publication or

you would hardly have allowed it to appear in your columns without investigation, and the most superficial examination would have showed it to be utterly false.

The following is the statement referred to:

"A truly terrifying sight present itself at the doorway of the hospital of San Lazaro. Those who have died of cholera are exposed naked, in the hospital square, each with a ticket tied to his feet, bearing the name of the dead person."

Nothing could be more untrue or more fantastically absurd. No dead person was ever, under any circumstances, exposed naked in the "atrio" of this hospital, nor in the wards, nor in the passages leading to the wards, nor in any other place connected with the hospital, under any circumstances whatsoever. Even where it is necessary to expose portions of the bodies of the living in treating them or bathing them, their beds are shut in by screens.

It is difficult to understand how such a statement could have crept into your journal. The cholera hospital is a public place. It is visited at frequent intervals, not only by myself and by the Director of Health, but by reputable Spanish and Filipino physicians, by high dignitaries of the Holy Roman Catholic Church, and by the immediate relatives of the sick. Such a horrible condition of affairs as the author of the statement referred to has represented to exist there would not be tolerated for an instant by the authorities of the Government, much less would it be endured in silence by physicians not connected with the Government, by representatives of the church, or by relatives of the inmates, to say nothing of the four American ladies constantly employed there as nurses, every one of whom would doubtless instantly leave the place were there any needless exposure of the bodies of the living or the dead.

In point of fact, those who die in the hospital are immediately removed, decently covered, in a closed vehicle to the morgue.

In view of the extremely important part played in protecting the health of Manila by this hospital which is doubtless not fully appreciated by many of your readers, it is greatly to be regretted that a statement of this sort, which can not fail to cause great alarm and deep distress to many worthy people, should appear just at a time when the reappearance in Manila of cholera, unfortunately of very malignant type, renders of utmost importance the hearty coöperation of all who are genuinely interested in promoting the welfare of the Filipino people. I take it for granted that you will be glad to do what you can to repair the damage already done by aiding in making known to the public the truth about this institution which has done in the past, and will do in the future, such valuable and humane work.

The cholera hospital is anything but the doleful place it has been represented to be. It is surrounded by beautifully kept grounds; all parts of the buildings, including the wards, are immaculately clean; wide porches keep the direct ray of the sun away from the windows; the type of construction, which is on the pavilion plan, admits air from all four points of the compass to each of the three buildings which are connected with each other and with the administration building by wide, roofed walks that afford an admirable place for the convalescent to get the benefit of the cool breezes and open air without exposure to the rays of the sun.

A thoroughly trained American physician and an adequate number of highly trained American ladies, who act as nurses, are on hand night and day, but any person received at the hospital is at perfect liberty to summon his own physician, and in the event that he does so the prescriptions which such physician writes are accurately filled at Government expense and the régime which he prescribes for the patient is strictly carried out.

In the event, as often happens, that a patient is a Filipino and has no family

physician, but prefers to be treated by a Filipino doctor, he may enjoy this privilege instantly, as a competent Filipino physician, employed at the expense of the Insular Government, is always on duty.

Nor do the sick lack the consolations of the church. The kindly interest taken by His Grace, the Archbishop of Manila, in the people of his diocese is too well known for it to be possible for any one to believe that he would for a moment forget the sick, and priests are constantly at hand to give to the sick and dying the consolations of the Church.

The utmost care is given to that most important matter, the preparation of the food of the convalescents, and neither trouble nor expense are spared in making it as suitable as possible.

If any person can suggest practical means of increasing the comfort of the sick or improving their chances of recovery, he will confer a great favor upon the Director of Health and upon myself by so doing; but in view of the fact that under the present arrangement the inmates may employ their own physicians and have the régime prescribed by such physicians strictly carried out, or may have the services of either the Filipino or the American physician employed by the Insular Government free of charge, and taking into account the ceaseless and excellent care given patients by the nurses, the character of the food furnished, and the admirable sanitary condition of the whole institution, it is difficult to see how more could be done for the unfortunate victims of this terrible disease than is being done at the present time.

And what are the results? Very far from those represented. Complete figures to date are not available, but from the beginning of the present epidemic (August 23, 1905) to the date of my last annual report, for instance, there were 178 cases of cholera in the city of Manila. Of this number 83 were taken to the hospital and 95 remained at their homes throughout the course of their disease. Of the 95 who remained at their homes 95 died, a mortality of 100 per cent. Out of the 83 persons taken to the hospital, many of whom were in a dying condition when received there, 63 died, a mortality of 75.9 per cent. Since the last cholera outbreak in the city of Manila, on June 20, 78 persons were taken to the hospital, of whom 57 died, a mortality of 80.1 per cent. Of the 101 known cases not taken to the hospital during this same period 101 have died, a mortality of 100 per cent.

It is a hard fact, and a fact which the newspapers of Manila ought to make known to the public, that cholera patients taken to the cholera hospital have far more chance of recovery than have those treated in their homes, and this is due to the existence at the hospital of extraordinary facilities for treating them, facilities which can not be duplicated in any private residence.

In these days one often sees applied to the present policy of the health authorities the expression "compulsory hospitalization." This expression is misleading. From it one would suppose that every person smitten with cholera was forced to go to the Government hospital, but this is far from being the case.

It is for the Director of Health and his duly authorized agents to decide in each instance whether the local conditions are such that the patient may safely be treated at home, or are such that it is necessary, in order properly to safeguard the health of the community at large, to take him to the hospital. The unquestionable fact that the patient's chances of life will, on the average, be increased by his removal to a place where he may have the best of care, while an important consideration, is not the determining factor. We might and doubtless should hold that so far as his own life is concerned the responsibility rests upon him, and were there no other considerations his individual preference would be determining. Even now his individual rights are respected by allowing

him to select his own physician whether that physician be the most competent or the most incompetent representative of the medical profession in the city of Manila, and to have the remedies which that physician prescribes irrespective of whether they are or are not the most suitable remedies in his case.

Unfortunately, however, cholera spreads from person to person with a rapidity not displayed by any other disease. The ways in which it may be transmitted are so numerous and the precautions necessary to prevent its spread from a case in an ordinary household are so difficult of enforcement in private homes as to make the checking of an epidemic, with any possible number of health officers and employees, an utter impossibility if the majority of patients were to be cared for in their houses. Where patients can be cared for at their homes by their own physicians without endangering the lives of others, the Government has nothing to lose and everything to gain by allowing them to remain there. Where they can not be safely cared for at home, by their removal to the hospital not only are their individual chances for recovery increased but the danger of spreading the disease is absolutely eliminated. Proper consideration for the *greatest good of the greatest number*, which must always be the guiding principle in sanitary work, would in itself make it imperative that they should be so removed.

The fear of hospitals so general in countries with a Latin civilization is a difficult thing for Englishmen, Germans, or Americans to comprehend, for in England, Germany, and America there exist immense numbers of these beneficent institutions, offering facilities for the medical and surgical treatment of disease which can not be had even in the private homes of the immensely wealthy. In these countries rich and poor alike have very generally come to understand that when smitten by deadly diseases or when obliged to undergo critical surgical operations the hospital offers them the greatest hope of continued life and restored usefulness. They go there voluntarily, and thank God for the opportunity.

It would be too much to expect that so profound a change in public sentiment would come about in a short time in the Philippine Islands. It is sure to prevail ultimately. The question is not one as to whether it shall ultimately prevail, *but rather as to whether its coming shall be delayed for a longer or a shorter time.*

When the word first spread that the Government would establish a leper colony on the island of Culion the news created great alarm among sufferers from this terrible disease, but when the first unfortunates had been transferred to the leper colony and saw what had been done for them, their feelings underwent a complete change and they said that if they had known in advance what lay before them, instead of objecting to being removed to Culion they would have petitioned to be taken there as soon as possible.

Similarly in the case of the cholera hospital, the best friends of the institution are those whose lives have been saved there. Were I myself smitten with the disease I should go to the hospital with the least possible delay, and so I believe would every intelligent and well-informed person who has taken the trouble to visit the institution and see for himself what are the conditions that prevail there.

It should be remembered that the hospital is a public institution and as such may be inspected at any proper time by any person who has an adequate reason for desiring to go there. A representative of your paper has been invited to inspect it at any time and see for himself what the conditions are. I take it for granted that such representative will be sent by you and that you will be glad to make public the conditions found.

Very respectfully,

DEAN C. WORCESTER,
Secretary of the Interior.

Representatives of the entire press of Manila were invited to visit San Lazaro Hospital, which in point of fact they might have done any time, and with a single exception the papers published truth more or less full accounts of what they saw. The remaining newspaper was unwilling to do good by publishing the truth, so published nothing.

Many of the newspapers printed in Spanish seemed to have learned for the first time on this occasion what should have been well known to them, namely, that cholera victims were allowed to have the services of any physician whom they desired and that a Filipino physician was employed by the Government to attend those who desired medical assistance from one of their own race but could not afford to pay a doctor.

The only criticism of importance which appeared in the press as a result of this visit of reporters was that the Filipino doctor had a course of treatment laid down for him in general terms, and that he was not entirely at liberty to follow his own judgment in the matter. This was strictly true, the general lines of the treatment which gave the best results having long before been ascertained and laid down, the necessary variations to adapt it to individual peculiarities being, of course, duly allowed for.

FILIPINO PHYSICIAN APPOINTED TO SAN LAZARO.

I offered control of the treatment of all Filipinos at the hospital to two of the most distinguished Filipino physicians in this city, retaining an American physician for those who might prefer his services. These gentlemen kindly accepted appointment.

Orders were given that all their prescriptions should be filled without question and that all orders issued by them as to the treatment of patients should be carried out to the letter. At the outset they introduced some important variations in treatment but the resulting death rate was apparently not satisfactory to them. At all events, they gradually changed their treatment until it became practically identical with that which had been employed prior to their taking charge, the death rate falling, simultaneously, to substantially its previous figure.

There followed a demand in the Spanish and Filipino press that the entire personnel of the hospital should be Filipino. Dr. Heiser immediately informed the physicians in charge of his willingness immediately to relieve all the American trained nurses and attendants, who were badly needed elsewhere, and to appoint the Filipino substitutes whom they should name, but for some reason those gentlemen, on whom the responsibility for results now rested, did not adopt the view of this matter which had been set forth in the Filipino press, but on the contrary vigorously objected to the suggested change in the force. The organization was accordingly left undisturbed.

The Filipino physicians continued to serve faithfully until near the end of the epidemic. Their presence at the hospital undoubtedly went far

toward allaying the ill-founded fears which had been aroused in the minds of the ignorant and I have always felt deeply indebted to them for sacrificing their private interests and coming to the assistance of the Bureau of Health at this critical time.

This is only one of numerous instances which might be cited of the vicious influence of a part of the public press of Manila. This influence has been and, I regret to say, still remains one of the most serious difficulties which confronts the officials responsible for the sanitary condition of the city. These men are ridiculed, slandered, and libeled from the beginning of an epidemic to its end. If cholera appears in the city they are blamed for its occurrence. If it does not appear they get no credit for keeping it out. If they attempt to establish a land quarantine they are cursed for needless and useless interference with business interests. If they deem such quarantine inadvisable and fail to impose it they are charged with criminally neglecting to enforce the necessary measures for safeguarding the public health. No matter how competent or successful they may be, the measures which they adopt are constantly attacked and they themselves are continually accused of being grossly incompetent. All of this has a deplorable effect on the more ignorant Filipinos, who fail to realize that it is only politics.

During the present epidemic, for instance, the little handful of highly trained medical inspectors in Manila, under the able leadership of the Acting Director of Health, have made a most extraordinarily successful campaign. To any one familiar with existing sanitary conditions in Manila, many of which, by the way, the Bureau of Health is absolutely without authority to remedy, it seems almost unbelievable that the maximum number of cases for any one day should have been held down to sixty, yet certain newspapers printed in the Spanish language have been howling for the removal of the Acting Director of Health *because of his incompetence!*

Mistakes can be remedied and abuses corrected if brought to the attention of the proper authorities, and newspapers or individuals who bring to the attention of such authorities the mistakes and shortcomings of officers or employees of the Bureau of Health confer a favor and aid in the work of safeguarding the public health; but newspapers or individuals that misrepresent the facts and persistently endeavor to discredit faithful and efficient employees of the Government, and circulate lying tales calculated to alarm the ignorant and superstitious, leading them to hide away their sick, thus preventing them from receiving medical attention which might save their lives and insuring unnecessary dissemination of infection which endangers the lives of others, are guilty of homicide on a very large scale and should be dealt with accordingly.

SUBSEQUENT EPIDEMICS IN THE PROVINCES.

In the provinces the story was a far less satisfactory one.

No attempt was made to establish a land quarantine about Manila, and every energy was concentrated for a direct attack upon the infection, but the lack of adequate personnel was woefully evident from the start. An effective marine quarantine was maintained, and the disease was for a long time kept within a radius of 75 miles of Manila, largely through the effective work of worn-out men sent from Manila even while still needed there. The disease spread to the north along the line of the railway and to the east as far as the Province of La Laguna and thence south by way of a newly constructed highway to Lucena and Pagbilao in the Province of Tayabas. The latter town is the point of departure for a road which extends across Luzon to Atimonan on the Pacific coast and is also a port of departure for numerous small vessels, so that for a time there was great danger of a general epidemic, but a very determined and successful effort was made to check cholera at Pagbilao.

Dr. José Mascuñana, the president of the provincial board of health of Tayabas, had incurred the ill will of the inhabitants, who stubbornly refused to obey his orders. Two of the best men in the service, Dr. John D. Long and Dr. Vicente de Jesus, were hurried to the scene, Dr. Long taking charge.

These men had the active and cordial assistance of Governor Quezon. Dr. Jesus immediately secured the confidence of the people, who cheerfully followed his directions, and the disease was completely and promptly stamped out in Pagbilao and immediately thereafter in the towns along the route it had followed in invading the Province of Tayabas.

The result in this instance shows conclusively what may be done toward checking cholera, under adverse circumstances, if the work is in the hands of capable and energetic men who are able to secure a reasonable degree of coöperation from the people. A pleasant feature of this case was that each of the three men who contributed to bringing about a most satisfactory issue gave all of the credit to the other two.

The following table shows in summary form the course of cholera in the provinces by months from August 20, 1905, to date:

Month and provinces.	Cases.	Deaths.	Month and provinces.	Cases.	Deaths.
1905.			1905—Continued.		
August:			November:		
Rizal	775	63	Rizal	483	339
Cavite			Cavite		
September:			Pampanga		
Rizal	334	252	Bulacan		
Cavite			La Laguna		
Pampanga			Tayabas		
Bulacan			Batangas		
La Laguna			December:		
October:			Rizal	387	209
Rizal	358	249	Cavite		
Cavite			Pampanga		
La Laguna			Bulacan		
Tayabas			La Laguna		
			Batangas		

Month and provinces.	Cases.	Deaths.	Month and provinces.	Cases.	Deaths.
1906.			1906—Continued.		
January:			October—Continued.		
Rizal	1,106	809	Tayabas	558	67
Cavite			Tarlac		
Pampanga			Nueva Ecija		
Bulacan			Pangasinan		
La Laguna			Iloilo		
Bataan	1,845	1,417	November:	60	4
Tarlac			Rizal		
Nueva Ecija			Pampanga		
February:			Tarlac		
Rizal			Nueva Ecija		
Cavite	288	225	Iloilo	100	36
Pampanga			Occidental Negros		
Bulacan			Capiz		
La Laguna			Moro		
Bataan			December:	124	36
Tarlac	56	48	Rizal		
Nueva Ecija			Cavite		
March:			Occidental Negros		
Cavite			Capiz		
Pampanga	44	33	1907.	15	11
Bulacan			January:		
La Laguna			Occidental Negros		
Bataan			Capiz		
April:	265	155	Samar		
Rizal			February:	27	17
Cavite			Occidental Negros		
Pampanga			Capiz		
Bulacan			Samar		
Bataan	2,145	1,541	March:		
May:			Occidental Negros	40	25
Rizal			Capiz		
Cavite			Samar		
Pampanga			April: Occidental Negros		
Bulacan	2,045	1,585	May	6	1
La Laguna			June		
July:			July: Leyte		
Rizal			August:	101	32
Cavite	2,145	1,541	Leyte		
Pampanga			Masbate		
Bulacan			September:		
La Laguna			Leyte	118	106
Tayabas	777	625	Masbate		
Tarlac			October:		
Nueva Ecija			Bulacan		
Pangasinan			Masbate	206	143
August:	2,045	1,585	November:		
Rizal			Pampanga		
Cavite			Bulacan		
Pampanga			December:	513	402
Bulacan			Rizal		
La Laguna	777	625	Pampanga		
Tayabas			Bulacan		
Batangas			Batangas		
Bataan	1,234	903	1908.	208	155
Tarlac			January:		
Nueva Ecija			Rizal		
Pangasinan			Cavite		
Benguet			Pangasinan		
September:	777	625	Zambales		
Rizal			La Laguna	90	71
Cavite			Bataan		
Pampanga			February:		
Bulacan			Rizal		
La Laguna	1,234	903	Cavite		
Tayabas			Pampanga	208	155
Tarlac			Bulacan		
Nueva Ecija			Bataan		
Pangasinan			Pangasinan		
Iloilo	1,234	903	Zambales		
October:			March:	90	71
Rizal			Rizal		
Cavite			Pampanga		
Pampanga			Tarlac		
Bulacan			Pangasinan		
La Laguna			Zambales		
			Mindoro		

Month and provinces.	Cases.	Deaths.	Month and provinces.	Cases.	Deaths.
1908—Continued.			1908—Continued.		
April:			August:		
Rizal	123	92	Rizal	4,744	3,081
Pampanga			Pampanga		
Pangasinan			Bulacan		
Capiz			Tarlac		
La Union	749	533	Nueva Ecija		
May:			Pangasinan		
Rizal			Benguet		
Bulacan			Iloilo		
Pangasinan	2,616	1,690	Occidental Negros		
Capiz			Capiz		
June:			La Union		
La Laguna			South Ilocos		
Tarlac	5,202	3,141	Misamis	6,494	4,089
Nueva Ecija			Bohol and Antique		
Pangasinan			September:		
Capiz			Rizal		
La Union	5,202	3,141	Cavite		
South Ilocos			Pampanga		
July:			Bulacan		
Rizal			La Laguna		
Cavite	5,202	3,141	Batangas		
Pampanga			Tarlac		
Bulacan			Nueva Ecija		
Tarlac			Pangasinan		
Nueva Ecija			Benguet		
Pangasinan			Iloilo		
Benguet			Occidental Negros		
Iloilo			Capiz		
Capiz			La Union		
La Union			South Ilocos		
South Ilocos			Misamis		
Misamis			Antique		
Bohol			Palawan		
Nueva Vizcaya			Total	33,538	22,758

From this table it appears that during the months of May and June, 1907, the provinces of the Philippine Islands were free from cholera so far as is known.

The provinces of Luzon were clear of cholera during January, February, March, April, May, June, July, August, and September, 1907, and the new epidemic beginning in the provinces in 1905 was confined to Rizal, Cavite, Pampanga, Bulacan, Pangasinan, Tarlac, Nueva Ecija and Benguet during August, September, October, November and December of 1905, and January, February, March, April, May, June, July and August, 1906.

On September 1, 1906, an epidemic began at Iloilo. It was confined to that province until November 1, when it extended to Occidental Negros. It ultimately reached Capiz, Samar and the Moro Province and continued to prevail in the Visayan Islands until April, 1907. The entire archipelago then remained apparently free from cholera for more than two months but in the following July, August, September and October there occurred a comparatively insignificant epidemic in the Visayan Islands with a total of 154 cases and 133 deaths. Cholera disappeared in the provinces outside of Luzon in October and did not reappear there until March, 1908, since which time it has been continuously present. It reappeared in Luzon on October 6, 1907, and has been continuously present ever since.

If we consider the occurrence of cholera in the provinces as a whole we must therefore recognize three epidemics; that of March 23, 1902, to March 8, 1904; that of August 20, 1905, to April 29, 1907, and that of July 22, 1907, to date.

But if we consider the provinces as divided into two groups, namely the provinces of Luzon and those outside of that Island, we shall note that after the general epidemic beginning March 23, 1902, there were, a Luzon epidemic from August 20, 1905, to December 28, 1906; a second Luzon epidemic from October 6, 1907, to date; and three Visayan Island epidemics which occurred from September 1, 1906, to April 29, 1907, from July 22, to October 1, 1907, and from March 17, 1908, to date, respectively.

The following table shows the proportion of cholera cases to population in each of the provinces infected during the epidemic of 1902-4, and the name of the person or persons who held the office of president of provincial board of health in each province during the time when cholera was present there:

Province.	Proportion of cases to inhabitants.	Presidents of provincial boards of health.
Iloilo	1-15	Dr. Pablo Araneta.
La Union	1-33	Dr. Luis Caballero.
Occidental Negros	1-36	Dr. Mariano Yulo.
Bataan	1-36	Dr. M. de Castro (removed), Dr. A. Olba.
Misamis	1-38	Dr. Francisco Xavier.
Cebu	1-46	Dr. José Mascuñana, Dr. James W. Smith.
Zambales	1-49	Dr. Mariano Felizardo (1 month), Dr. Aquilino Calvo (removed).
La Laguna	1-50	Dr. Telesforo Ejercito.
Capiz	1-50	Dr. Paulino Quisumbing.
Pangasinan	1-51	Dr. John T. Slater (9 months), Dr. V. de Jesus (9 months).
Antique	1-54	Dr. Donato Montinola.
Nueva Ecija	1-70	Dr. Justo Panis.
Batangas	1-75	Dr. José Losada.
Masbate	1-88	Dr. Gavino Vinluan.
Isabela	1-93	Dr. B. Toribio.
Marinduque	*1-97	Dr. Juan Bisintuan.
Bohol	1-99	Dr. Rafael Villafranca.
Ilocos Norte	1-106	Dr. Juan Purungañan.
Ilocos Sur	1-112	Dr. Victorino Crisologo.
Surigao	1-113	Dr. Antonio Fernando.
Rizal	1-119	Dr. Sixto Angeles.
Sorsogon	1-122	Dr. Julio Ruiz.
Bulacan	1-123	Dr. Felix Bautista.
Tarlac	1-138	Dr. Santiago Icasiano (3 months), Dr. Andres Catanjal (17 months).
Samar	1-191	Dr. G. I. Cullen (appointed after epidemic was well under way).
Mindoro	1-128	Matthew Leffeere (for last 7 of the 14 months of the epidemic).
Cavite	1-154	Dr. T. Ejercito (for 9 months), Dr. M. Felizardo (for 29 months).
Ambos Camarines	1-171	Dr. Shannon Richmond.
Oriental Negros	1-177	Dr. H. W. Langham.
Pampanga	1-185	Dr. Manuel Liongson (removed early in epidemic), Dr. C. M. de May.
Albay	1-210	Dr. Augustin Scarella.
Romblon	1-264	Sebastian de Castro.
Leyte	1-269	Dr. D. Santos (removed), Dr. José Mascuñana, Dr. H. H. Baker.
Tayabas	1-407	Dr. V. de Jesus (first 4 months), Dr. A. H. Eber, Dr. H. H. Baker.
Nueva Vizcaya	1-62541	Dr. Segundo Isaac.

* In the case of Marinduque the proportion of deaths to inhabitants is given.

The average proportion of persons attacked to the number of inhabitants in the infected provinces as a whole during the period was 1 to 65.

But one case of cholera is officially recorded from Benguet but it is well known that the disease got among the wild people of that province and caused a considerable mortality the extent of which it will never be possible to ascertain. There was no president of the provincial board of health in this province at the time. In one small province, Marinduque, the record of cases was not kept and we have only the record of deaths.

The provinces which escaped during this epidemic were Abra, Lepanto-Bontoc and Palawan. Nueva Vizcaya with but a single case may also be said to have practically escaped. There were some cases in the Moro Province but the Government of this Province being practically separate the Bureau of Health has no statistics covering the cases and deaths there.

The following table shows the number of outbreaks in each province in which cholera has occurred since August 20, 1905, with the duration of each outbreak and the number of cases and deaths caused by it:

Province.	First case.	Last case.	Cases.	Deaths.
Nueva Ecija.....	Jan. 11, 1906 July 6, 1906 June 19, 1908	Mar. 5, 1906 Nov. 12, 1906 Oct. 11, 1908	158 765 387	107 546 313
Total			1,310	966
Pangasinan	July 16, 1906 Jan. 26, 1908	Oct. 19, 1906 Oct. 12, 1908	85 5,644	65 8,389
Total			5,729	8,454
Benguet.....	Aug. 15, 1906 June 11, 1908	Aug. 15, 1906 Sept. 21, 1908	1 27	1 21
Total			28	22
Iloilo.....	Sept. 16, 1906 July 24, 1908	Nov. 27, 1906 Still present.	1,798 5,060	1,319 8,183
Total			6,858	4,502
Occidental Negros.....	Nov. 1, 1906 Aug. 27, 1908	Apr. 29, 1907 Still present.	92 2,030	64 1,415
Total			2,122	1,479
Capiz.....	Nov. 3, 1906 Apr. 27, 1908	Mar. 29, 1907 Still present.	260 834	156 614
Total			1,094	770
Samar	Nov. 13, 1906 Jan. ? 1907	Nov. 30, 1906 Mar. 22, 1907	29 51	27 42
Total			80	69
Moro Province	Nov. 20, 1906	Nov. 20, 1906	9	7
Leyte.....	July 22, 1907	Sept. 13, 1907	96	87
Masbate.....	Aug. 9, 1907	Oct. 1, 1907	53	42
Zambales.....	Jan. 24, 1908	Mar. 20, 1908	220	156
Mindoro.....	Feb. 3, 1908	Mar. 17, 1908	32	20
La Union.....	Apr. 17, 1908 June 19, 1908	Apr. 30, 1908 Still present.	6 1,154	5 806
Total			1,160	811

Province.	First case.	Last case.	Cases.	Deaths.
Ilocos Sur	June 16, 1906	Still present.	2,005	1,459
Misamis	July 6, 1908	do.	1,095	345
Bohol	July 26, 1908	Aug. 13, 1908	4	4
Nueva Vizcaya	July 20, 1908	July 20, 1908	1	0
Antique	Aug. 30, 1908	Still present.	497	206
Lepanto-Bontoc	Aug. 31, 1908	Oct. 13, 1908	43	23
Palawan	Sept. 14, 1908	Still present.	39	36
Rizal	Aug. 20, 1905	Feb. 15, 1906	728	536
	Apr. 2, 1906	Dec. 28, 1906	1,036	776
	Dec. 23, 1907	Still present.	508	398
Total			2,272	1,710
Cavite	Aug. 20, 1905	Oct. 14, 1906	1,315	977
	Jan. 21, 1908	Feb. 25, 1908	22	20
	Apr. 2, 1908	Apr. 8, 1908	4	4
	Aug. 20, 1908	Still present.	40	22
Total			1,381	1,023
Pampanga	Sept. 1, 1905	Sept. ? 1905	2	1
	Nov. 6, 1905	Nov. 18, 1906	1,847	1,380
	Nov. 14, 1907	Mar. 12, 1908	379	313
	July 9, 1908	Still present.	97	70
Total			2,325	1,764
Bulacan	Sept. 4, 1905	Sept. 25, 1905	2	2
	Nov. 1, 1905	April 17, 1906	1,179	909
	June 29, 1906	Oct. 21, 1906	1,296	927
	Oct. 6, 1907	Feb. 29, 1908	176	131
	May 11, 1908	May 11, 1908	1	0
	July 17, 1908	Still present.	309	217
Total			2,963	2,186
La Laguna	Sept. 7, 1906	Mar. 30, 1906	576	434
	June 20, 1906	Oct. 30, 1906	465	356
	Jan. 1, 1908	Jan. 24, 1908	3	2
	June 15, 1908	June 15, 1908	1	1
	Sept. 7, 1908	Still present.	12	4
Total			1,057	797
Tayabas	Oct. 12, 1905	Nov. 10, 1905	5	5
	July 25, 1906	Oct. 14, 1906	132	112
Total			137	117
Batangas	Nov. 20, 1905	Dec. 11, 1905	12	7
	Aug. 7, 1906	Aug. 15, 1906	2	1
	Sept. 17, 1908	Oct. 13, 1908	7	4
Total			21	12
Bataan	Jan. 4, 1906	May 28, 1906	355	261
	Aug. 16, 1906	Aug. 16, 1906	1	0
	Dec. 10, 1907	Feb. 10, 1908	23	20
Total			379	281
Tarlac	Jan. 6, 1906	Mar. 18, 1906	34	27
	July 25, 1906	Nov. 22, 1906	91	78
	Mar. 16, 1908	Mar. 23, 1908	10	8
	June 28, 1908	Aug. 28, 1908	393	297
Total			528	410

The following table shows the proportion of cases to inhabitants, the number of outbreaks of cholera, and the force employed in checking it in each of the present health districts in which the disease has occurred since August 20, 1905, when cholera first reappeared after the close of the epidemic of 1902-1904.

The figures are brought up to October 19, 1908:

Health district.	Proportion.	Outbreaks.	Force employed.
Pangasinan -----	1-72	2	<i>Dr. Luis Caballero</i> , D. H. O., in charge, assisted by: <i>C. Brantigan</i> , S. I., Feb. 6, 1908; <i>Dr. P. Clements</i> , M. I., June 9 to July 31, 1908; <i>Dr. H. O. Jones</i> , M. I., June 11 to July 9, 1908; <i>Dr. Luis Abella</i> , M. I., June 11 to Aug. 20, 1908; <i>Dr. Andres Catanjal</i> , June 9, 1908; <i>Dr. B. L. Burdette</i> , M. I., June 10 to July 19, 1908; <i>C. Brantigan</i> , S. I., June 9, 1908; <i>Dr. V. de Jesus</i> , D. H. O., June 8 to Sept. 8, 1908.
Bulacan -----	1-76	6	<i>Dr. F. Bautista</i> , D. H. O., in charge; <i>Dr. M. C. Terry</i> , M. I., temporarily in charge from July 2 to July 13, 1906; <i>Dr. P. Clements</i> , M. I., temporarily in charge from July 15 to July 29, 1906; <i>C. Brantigan</i> , S. I., Nov. 15, 1907, to Feb. 8, 1908.
Rizal, Cavite, and Bataan.	1-82	9	<i>Dr. Mariano Felizardo</i> , P. P. B. H., of Cavite; <i>Dr. Ricardo Ferramon</i> ; <i>Dr. Julio Ruiz</i> , P. P. B. H., of Rizal; <i>Dr. M. Felizardo</i> , in charge of district since its establishment, assisted by: <i>Dr. Luis Abella</i> , M. I., July 10, 1906; <i>Dr. P. Clements</i> , M. I., July 1, 1906; <i>C. Brantigan</i> , S. I., July 26, 1906; <i>Dr. P. Clements</i> , M. I., Aug. 21, 1906; <i>Dr. Luis Abella</i> , M. I., Oct. 8, 1906; <i>Dr. P. Clements</i> , M. I., Jan. 4 to Jan. 5, 1908; <i>O. R. Dexter</i> , S. I., Jan. 5 to Jan. 31, 1908; <i>Dr. Luis Abella</i> , M. I., Feb. 24 to Feb. 25, 1908; <i>Dr. P. Clements</i> , M. I., Mar. 27, 1908; <i>O. R. Dexter</i> , S. I., Mar. 8, 1908; <i>Dr. V. de Jesus</i> , D. H. O., Sept. 8, 1908.
Pampanga -----	1-89	4	<i>Dr. F. W. Dudley</i> , P. P. B. H.; <i>Dr. M. C. Terry</i> , D. H. O., in charge July 2, 1906, to Dec. 24, 1906; <i>Dr. S. V. del Rosario</i> , M. I., Oct. 27 to Dec. 24, 1906; <i>Dr. Justo Panis</i> , D. H. O., temporarily in charge from Dec. 24, 1906, to Feb. 4, 1907; <i>Dr. S. V. del Rosario</i> , M. I., temporarily in charge from Feb. 4 to Feb. 23, 1907; <i>Dr. A. Catanjal</i> , D. H. O., temporarily in charge, Feb. 23 to Mar. 15, 1907; <i>Dr. J. Mascuñana</i> , D. H. O., in charge Apr. 5, 1907, assisted by: <i>C. Brantigan</i> , S. I., Nov. 15 to Dec. 23, 1907.
Nueva Ecija -----	1-112	3	<i>Dr. Justo Panis</i> , P. P. B. H., in charge; <i>Dr. M. C. Terry</i> , D. H. O., July 2, 1906, temporarily in charge; <i>Dr. Justo Panis</i> , D. H. O., in charge July 25, 1906, to Mar. 8, 1907; <i>Dr. H. Jacinto</i> , D. H. O., Mar. 8, 1907, to Mar. 17, 1908, assisted by: <i>Dr. F. Bautista</i> , D. H. O., June 8, 1908; <i>Dr. Luis Abella</i> , M. I., June 11, 1908, to Aug. 20, 1908; <i>Dr. A. Catanjal</i> , D. H. O.; <i>Dr. V. de Jesus</i> , D. H. O., Sept. 20, 1908.
Iloilo, Capiz, Antique..	1-115	2	<i>Dr. P. Araneta</i> , D. H. O., in charge; <i>Dr. P. Clements</i> , M. I., Sept. 12, 1906, to Feb. 12, 1907; <i>Dr. Z. Laughlin</i> , M. I., Aug. 13, 1906; <i>Dr. D. Montinola</i> , July 26, 1906, to Sept. 17, 1907, D. H. O. for Antique; <i>Dr. D. Montinola</i> , D. H. O., on cholera duty in Antique, Aug. 17, 1908; <i>Dr. P. Quisumbing</i> , D. H. O., for Capiz, July 25, 1906, to Mar. 23, 1907; <i>Dr. P. Clements</i> , M. I., Dec. —, 1906; <i>Dr. Francisco Xavier</i> , M. I., Feb. 7, 1907, to Sept., 1908; <i>Dr. P. Quisumbing</i> , D. H. O., Sept. 8, 1908.
La Laguna -----	1-141	5	<i>Dr. F. Ampil</i> , D. H. O., relieved July 10, 1906; <i>Dr. W. K. Beatty</i> , D. H. O., July 10 to July 25, 1906, temporarily in charge; <i>Dr. Teleforo Ejercito</i> , D. H. O., July 25, 1906, to Mar. 4, 1907, in charge; <i>Dr. Justo Panis</i> , D. H. O., temporarily in charge, Mar. 5, 1907, to Apr. 8, 1907; <i>Dr. N. Cordero</i> , D. H. O., Apr. 9, 1907, to June 2, 1907; <i>Dr. Luis Abella</i> , M. I., June 3, 1907, to Jan. 1, 1908; <i>Dr. D. Montinola</i> , D. H. O., in charge, Jan. 1, 1908, to Aug. 17, 1908; <i>Dr. J. Kamatoy</i> , D. H. O., Sept. 9, 1908.
Negros Occidental ----	1-152	2	<i>Dr. Mariano Yulo</i> , D. H. O., Jan. 6, 1907, to Apr. 7, 1907, in charge; <i>Dr. P. Quisumbing</i> , D. H. O., in charge, Apr. 17, 1907, assisted by: <i>O. Dexter</i> , S. I., Nov. 10, 1908, to May 1, 1908; <i>Dr. Francisco Xavier</i> , D. H. O., Sept. 10, 1908.
La Union and Zambales.	1-166	3	<i>Dr. Teleforo Ejercito</i> , D. H. O., in charge, Apr. 15, 1907, assisted by: <i>Dr. Luis Abella</i> , M. I., June 9, 1908; <i>Dr. P. Clements</i> , M. I., June 9, 1908, to July 31, 1908; <i>Dr. H. O. Jones</i> , M. I., July 4 to Aug. 4, 1908; <i>C. Brantigan</i> , S. I., Aug. 15, 1908; <i>W. G. Hogley</i> , S. I., Sept. 10, 1908.

Health district.	Proportion.	Outbreaks.	Force employed.
Ilocos Norte, Ilocos Sur.	1-188	1	<i>Dr. C. Mora</i> , D. H. O., assisted by: <i>Dr. P. Clements</i> , M. I., Aug. 10, 1908, to Sept. 21, 1908; <i>C. Brantigan</i> , S. I., Aug. 15, 1908.
Surigao, Agusan, and Misamis.	1-186	1	<i>Dr. A. Fernando</i> , D. H. O.
Benguet -----	1-242	2	<i>Dr. J. W. Smith</i> , Acting D. H. O., assisted by: <i>Harry Percy</i> , S. I.; <i>S. L. Barron</i> , S. I.
Tarlac -----	1-289	4	<i>Dr. A. Catanjal</i> , P. P. B. H., in charge; <i>Dr. M. C. Terry</i> , D. H. O., in charge temporarily, June, 1906; <i>Dr. A. Catanjal</i> , D. H. O., in charge July 25 to Dec. 14, 1906; <i>Dr. L. Caballero</i> , D. H. O., temporarily in charge, Dec. 14, 1906, to Feb. 9, 1907; <i>Dr. A. Catanjal</i> , D. H. O., in charge, Feb. 9, 1907, to July 9, 1908.
Palawan -----	1-883	1	<i>Dr. J. H. Biggar</i> , Acting D. H. O., Sept. 12 to Oct. 3, 1908, assisted by: <i>R. MacDonald</i> , S. I., Oct. 12, 1908.
Batangas and Tayabas.	1-2551	8	<i>Dr. J. Macañana</i> , P. P. B. H. and D. H. O., in charge, assisted by: <i>C. Brantigan</i> , S. I., July 27 to Oct. 1, 1906; <i>Dr. V. de Jesus</i> , D. H. O., July 27 to Oct. 4, 1906; <i>Dr. Julio Ruiz</i> , D. H. O., July 28 to Oct. 4, 1906; <i>C. Palmer</i> , S. I., July 21 to Sept. 18, 1906; <i>H. Percy</i> , S. I., Sept. 18, 1906, to Feb. 20, 1907; <i>Dr. J. D. Long</i> , Assistant Director of Health, Sept., 1906; <i>Dr. A. Catanjal</i> , D. H. O., temporarily in charge Dec. 14, 1906, to Feb. 9, 1907; <i>Dr. J. Macañana</i> , D. H. O., temporarily in charge Feb. 9, 1907, to Mar. 15, 1907; <i>Dr. V. de Jesus</i> , D. H. O., in charge Mar. 15, 1907, to date; <i>Dr. J. Losada</i> , D. H. O., Sept. 9, 1908.
Mountain Province----	1-3206	1	<i>Dr. Victorino Crisologo</i> (suspended in early days of epidemic), D. H. O.; <i>Lieut. Governor Evans</i> ; <i>C. Brantigan</i> , S. I.; <i>C. Palmer</i> , S. I.; <i>Dr. Paul Clements</i> , M. I.
Masbate, Romblon, and Mindoro.	1-4378	1	<i>Dr. C. Mora</i> , D. H. O., July 1, 1906, to Apr. 17, 1907, aided by: <i>Dr. Luis Abella</i> , M. I., Aug. 16, 1906, to Oct. 4, 1906; <i>O. R. Dexter</i> , S. I., in charge of cholera outbreak from Feb. 16, 1908, to Mar. 31, 1908.
Samar and Leyte -----	1-3154	8	<i>Dr. G. I. Cullen</i> , D. H. O., in charge, assisted by: <i>C. Brantigan</i> , S. I., Aug. 17 to Sept. 28, 1907.
Nueva Vizcaya -----	1-62541	1	No district health officer.

The following districts have remained free from cholera since the epidemic of 1902-4 to October 19, 1908:

Health districts.	District health officers.
Cebu and Oriental Negros.....	<i>Dr. Arlington Pond</i> , D. H. O.
Bohol	<i>Dr. R. Villafranca</i> , D. H. O.
Sorsogon	<i>Dr. Julio Ruiz</i> , D. H. O.; <i>Dr. V. de Jesus</i> , D. H. O.
Albay and Ambos Camarines....	<i>Dr. W. K. Beatty</i> , D. H. O.
Cagayan and Isabela.....	<i>Dr. F. Ricerra</i> , D. H. O.; <i>Dr. B. Torribio</i> , D. H. O.

The active infection which began to spread from towns near Manila in August, 1905, did not entirely disappear from the archipelago as a whole until April 29, 1907, and even then the provinces remained clear only until July 22, 1907.

I have already called attention to the startling difference between the result of the campaign in Manila and that of the one in the provinces. The explanation is not far to seek. There was a small but very effective body of men available for the work in Manila while in the provinces it is an unfortunate fact that the body of men available was not only small but was on the whole very ineffective. I shall defer further discussion of this point until I have stated the facts as to the recurrence of cholera in Manila.

SUBSEQUENT EPIDEMICS IN MANILA.

Manila remained free from cholera from March 21, 1906, to May 8, 1906, and there was but one case between February 21 and May 11. On the latter date the disease reappeared, continuing until November 27, the number of cases by months being as follows:

Month, 1906.	Cases.	Deaths.
May	11	11
June	91	81
July	393	349
August	211	179
September	80	67
October	27	24
November	7	6
Total	820	717

From November 28, 1906, until July 13, 1907, there were no cases.

Cholera then reappeared and continued until March 18, 1908. The number of cases by months was as follows:

Month.	Cases.	Deaths.
1907—July	3	2
August	5	5
September	72	64
October	76	65
November	82	82
December	85	26
1908—January	184	151
February	14	11
March	5	5
Total	426	361

The outbreaks of May 8 to November 27, 1906, and of July 13, 1907, to March 18, 1908, were of comparatively insignificant importance and were handled as a part of the ordinary routine by the Bureau of Health without any change in the force ordinarily employed. It was, however, deemed advisable to postpone the Carnival from February 8, 1908, to February 27, 1908, for the reason that numerous persons from remote provinces were sure to attend it and it was necessary to avoid the possibility that some of them would become infected with cholera in Manila and scatter the disease when returning to their homes.

The last case occurred on March 18, 1908, and the city then remained clean until June 8, 1908, when the cholera, which had meanwhile been raging in the provinces to the north, reappeared. From that time to the present Manila has been repeatedly reinfected from the provinces.

Again and again the infection has been stamped out only to reappear. Cases have occurred as follows:

	Cases.		Cases.
June 8	1	Sept. 12	7
12	1	13 and 14.....	32
23	1	15	9
July 7	1	16	23
15	1	17	31
17	1	18	24
22	2	19	27
27	2	20	43
29	3	21	60
31	4	22	56
Aug. 3	4	23	36
4	2	24	36
6	2	25	41
7	3	26	42
8	1	27	31
10	4	28	16
12	1	29	14
14	3	30	13
18	1	Oct. 1	12
21	1	2	10
22	1	3	5
24	2	4	9
25	1	5	11
27	3	6	6
28	6	7	8
29	1	8	13
31	1	9	7
Sept. 1	3	10	5
2	3	11	3
3	1	12	4
4	1	13	7
5	5	14	4
7	7	15	14
8	3	16	3
9	6	17	5
10	3	18	6
11	10	19	5

During the week ending September 17, the towns of Calumpit, Bulacan, Bocaue, Hagonoy, Malolos, Paombong, Quingua, Obando, Santa Maria, Baliuag, and Meycauayan, all in Bulacan Province, were infected. There was some panic among the people of that province, and the people of the district of Tondo state that a considerable number of persons from these towns fled to Manila, bringing the disease with them. It was during this week and the one following that conditions became threatening in Manila.

Due in part to the increasing number of persons who have recovered

from cholera at the San Lazaro Hospital or who have had friends saved there, and in part to the more friendly attitude of some of the newspapers published in the Spanish language, there has been less fear of this institution than ever before. In consequence, the cases have been received earlier, on the average, and the mortality has been correspondingly low, but the presence of numerous convalescents has tended rapidly to fill the hospital, and this, with the sharp increase in cases which occurred from September 12 to September 21, made it evident that additional quarters must be secured.

The first step toward meeting this difficulty was to vacate and thoroughly disinfect the smallpox hospital, the patients being transferred to a distant building. The second was to accept the generous offer of the authorities of the Mary J. Johnston Hospital to give the Bureau of Health the use of the entire lower floor of that institution, where it was possible to place some thirty beds, and the third was to clear both floors of the insane pavilion and convert it into a cholera hospital, for which it is admirably adapted. Overcrowding has been constantly avoided, although there were for several days a number of patients on the wide verandas of the contagious-disease hospital. Keeping them there was unobjectionable from a hygienic standpoint, so long as the weather was good, but, if continued, would have resulted in criticism on account of the belief prevalent among the Filipinos that night air is dangerous.

COÖPERATION WITH THE BUREAU OF HEALTH.

On the very day that the use of the Mary J. Johnston Hospital was arranged for Msgr. Tuñon and Father Chouza called on behalf of the Archbishop of Manila, who was absent in the provinces, to offer the use of the Santa Isabel Convento in the Walled City, and of the Convento connected with the San Sebastian Church, for hospital purposes should they be needed.

The latter building, on account of its comparatively isolated position, was deemed the more desirable of the two and upon inspection proved to be well suited to hospital purposes. The rector of Santo Tomas University also assured me of his confidence that the authorities of that institution would, if necessary, gladly offer their building for hospital purposes as they did in 1882. Fortunately the spread of cholera was promptly checked, and it was not necessary to accept any of these kind offers which were, however, most highly appreciated, especially as they were made spontaneously and were an evidence of the general desire on the part of the public to coöperate in the stamping out of cholera in the city.

Further evidence of this desire was afforded by the prompt action of

the Camp Lawton Post of the Veteran Army of the Philippines, whose members promptly offered their services:

The ACTING DIRECTOR, BUREAU OF HEALTH, *Manila, P. I.*

SIR: I have the honor to inform you, that, at a special meeting of the Camp, held on the evening of September 21, 1908, the following resolution was adopted:

"Resolved, That the commander be authorized to notify the Director of Health that the services of the members of this camp are at his disposal at any time, to aid in stamping out cholera in the city of Manila."

All members have been requested to notify the proper authorities of all premises in their neighborhood which are in an unsanitary condition so that the Bureau of Health can take such steps as may be necessary.

Should occasion arise requiring the further assistance of the members of the camp, it is requested that I be notified so that the necessary instructions may issue.

Very respectfully,

WM. BROOK, *Commander.*

VALUABLE ASSISTANCE GIVEN BY THE POLICE AND FIRE DEPARTMENTS.

Of especial value has been the work of the police and fire departments. At frequent intervals the police have made systematic house-to-house inspections for cholera cases. This is work of a very delicate nature, as there is always danger that inspectors may be inconsiderate, rude, or even worse when necessarily trespassing upon the privacy of those who do not welcome what seems to them a needless and unwarranted intrusion. There has been little complaint, from responsible sources, of the manner in which the police have made their inspections, which have resulted in the early detection of numerous cases and have greatly facilitated the suppression of the infection.

The use of chemical fire engines in disinfecting buildings and premises, suggested by the chief of the fire department, has proved of great assistance, making possible rapid and thorough disinfection upon a much larger scale than would otherwise have been practicable. Both policemen and firemen have often worked to the point of complete exhaustion and the assistance rendered by them has been invaluable.

VOLUNTEER CHOLERA FIGHTERS.

Doctor Nichols of the United States Army Medical Corps volunteered for service and was given immediate charge of the Mary J. Johnston Hospital. Eighteen students from the Philippine Medical School volunteered and were assigned to work as nurses and attendants at the hospitals. At the outset a few of these young men declined to perform what they termed "menial service." The necessity for the performance of this service was fully explained to them and they were interrogated as to their willingness to do for people of their own race the work which highly educated American women were performing for them. It was at the same time suggested that any of them who did not wish to do such work might go. Thereafter they discharged their disagreeable and somewhat dangerous duties faithfully and well.

Twelve students of the University of Santo Tomas also volunteered for cholera work and on the 23d of September sent the following letter; through Father Velasquez, rector of the University:

The undersigned last year students of the faculty of medicine of the University of Santo Tomas voluntarily offer themselves to the Government of the Philippine Islands to aid in the extinction of the prevailing malady in the city of Manila, whenever and wherever it may be opportune to use their services.

MANILA, September 23, 1908.

ESTEBAN ARROYO,
JOSE AREVALO,
NEMESIO A. BADILLA,
O. TEOPACO,
MAXIMO CUESTA,
RICARDO MOLINA,
FELINO SIMPAO,
ANSELMO ABELA,
PEDRO A. NARCISO,
CLEMENTE VELASCO,
JOSE F. QUINTO,
L. E. GUEBARA.

This offer was accepted, and these young men rendered valuable service at the hospitals during the period when the number of cases was comparatively large. Later it seemed desirable to assign some of the students of the Philippine Medical School to the work of train inspection on railway lines terminating at Manila, but the young men placed in charge of this work were recalled by the dean of the faculty of the school.

A request was thereupon made that the Santo Tomas medical students take up this service, which they did, performing it in a highly efficient and satisfactory manner.

It was suggested on September 22 to the young women who are learning the profession of nurse under the immediate direction of Miss Charlotte Layton at the Philippine Normal School that their services could be used to great advantage at this time. On September 26, four of them, in charge of Miss Layton, responded to this suggestion and subsequently rendered valuable assistance in caring for Filipina women.

On the whole, it may safely be said that the hospital care given to cholera victims during the present epidemic has been better than ever before in the history of the Philippine Islands.

CRITICISM OF THE MEASURES ADOPTED FOR SUPPRESSION OF CHOLERA DURING 1908.

In spite of this fact there have not been lacking complaints as to the alleged unprepared condition of the San Lazaro Hospital. It has been said, for instance, that the institution was unscreened and that the work of screening it had to be undertaken after numerous cases of cholera were in the wards. The fact is that the screening of the hospital was undertaken soon after it was completed, but it was found that metal

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It should be remembered that it is neither wise nor necessary to keep a hospital which stands nearly or quite empty for considerable periods equipped and officered in such a way that it may be instantly run at its full capacity without any change whatever. Supplies and apparatus not ordinarily necessary must for safety's sake be removed to store rooms, and when an emergency threatens, the necessary steps to meet it must be seasonably taken. This was done in the present instance, *but some of those who saw work going on seemed surprised that it should be necessary.*

It has been alleged that the Director of Health has pursued a niggardly policy and has prided himself on turning in a large surplus at the end of the year when the money should have been spent in sanitary work. I shall later show that the main difficulty has been one of *men* rather than of money. Had more men been available far more money might very advantageously have been employed. I have never known Dr. Heiser to be unwilling to incur an expenditure for any needed and practicable improvement when funds to pay for it were available.

It has been alleged that under orders from the Governor-General the situation in the Visayan Islands and that in the provinces north of Manila was left in the hands of the Filipino district health officers, in order that the people might be taught by experience a hard lesson which they would not be likely soon to forget. Subject to the general control of the Governor-General the *Secretary of the Interior* is in charge of health matters. The Governor-General has issued no such instructions and there is not the slightest ground for placing the blame for the situation in the provinces upon him. The question of further depleting our already weakened Manila force to recruit that in the provinces has been not one of *desirability* but one of *possibility* if Manila was to be safeguarded. If a mistake has been made, I am of the opinion that it has been through sending too many men from Manila to the provinces and thus unduly weakening the defense of the city. With the present force it is impracticable to operate successfully in both regions at once. The extent to which Manila has been stripped to help the provinces is shown by the table on page 109.

As a result of the absolute lack of a sufficient number of thoroughly trained men it has, in point of fact, been necessary to leave the situation in the Visayan Islands almost entirely in the hands of the local health officers, but it is an ill wind that blows no one good and I respectfully suggest that a study of the statistical information hereinbefore submitted, in so far as it bears upon the course of the present epidemic of cholera in Capiz and its spread to Iloilo and Western Negros on the one side and to Antique and Palawan on the other, with a total number of cases to October 19 of 8,441, inculcates a lesson from which there is no possible escape.

REASONS FOR CHANGES OF CHIEF HEALTH OFFICERS.

It has been said that the frequent appointment of new chief health officers was responsible for the lack of a definite and more successful policy.

Maj. L. M. Maus, the first Commissioner of Public Health, who was relieved on July 31, 1902, had long before voluntarily requested such relief. It had been arranged for, and his successor was on his way. It is true that, in the end, his resignation was insisted upon because of the critical cholera situation and the belief that in the physical condition in which he was he could not control it. Dr. Frank S. Bourns was therefore temporarily appointed Commissioner of Public Health until cholera in Manila could be brought under control.

The acceptance of Major Maus's resignation and the appointment of Dr. Bourns both took place when I was ill at Baguio, a place which was then without any means of direct communication with Manila and I knew nothing of these changes until my return. I beg to say, however, that under the circumstances I should have favored them had I been in Manila.

Dr. Bourns accepted temporary appointment reluctantly, accomplished the work expected of him in the most satisfactory manner, and retired as soon as Governor Taft would allow him to do so.

Major Carter held the position of Commissioner of Public Health from September 8, 1902, to April 28, 1905. During this entire period he suffered as few Americans have ever suffered in the Philippines from the climate and he was ultimately relieved, at his own earnest request, when worn out by hard work and ill health.

Dr. Victor G. Heiser was appointed Commissioner of Public Health on April 28, 1905, and later his title was changed by law to Director of Health. He still holds that office and I sincerely trust that he will long continue to do so.

He came to the Philippines as Chief Quarantine Officer on February 17, 1903, and at the time he sailed for the United States on August 5, 1908, had served continuously without leave of any sort from the time of his arrival in the Islands. He had habitually worked until eleven and twelve o'clock at night and within a short period prior to his departure had twice been sent to the hospital after refusing to go there until he was literally unable to keep his feet. Even as it was he was ordered to the United States, not to rest but to work for the Insular Government, and he will return here before he has had anything like the leave to which he has long been entitled.

Whether or not Dr. Heiser was disposed to desert his post may be inferred from the following facts. The climate of Baguio has always proved particularly stimulating to him and shortly after he left the

hospital for the second time I urged upon him the desirability of temporarily transferring his office to that place, but although barely able to keep about he strenuously objected to the suggested change on the ground that *he must remain in immediate personal charge of the work of his Bureau*. Finally it became necessary for me to issue to him an imperative order to transfer his office to Baguio for a minimum period of one month. Before he had been there ten days he was begging to be allowed to return to Manila in order to make a trip on a coast guard boat and personally to supervise and direct the collecting of a shipload of lepers, and this I finally permitted him to do having first given him imperative instructions to return to Baguio immediately after the lepers were on shipboard.

In this connection I desire to call attention to the nature of the work which has not infrequently been performed by Dr. Heiser on these leper collecting trips. No one who has not seen them can form the faintest idea of the horrors to be encountered among a shipload of leper outcasts gathered for transportation to Culion. Distorted and deformed by the most frightful of all diseases these victims of a living death, dripping with gangrenous putrefaction, stinking to heaven, and in some cases literally falling to pieces when moved, present pictures which sear themselves upon the very brain of him who sees them and which may well appal the stoutest heart.

When no other white man could be hired by money to touch them and when no Filipino could be influenced by love of gain or by love of his own people to go near them, Dr. Heiser has, not once but repeatedly taken these poor putrefying wrecks of humanity in his arms and borne them tenderly on board the vessel that was to convey them to their final earthly home, and having done this has rolled on the deck of the vessel overcome by uncontrollable nausea. These facts were not learned from him, for he has never mentioned them until compelled to do so by the interrogations of his superiors, but from the officers of Coast Guard vessels and from others who have witnessed his acts. And this is the man who has been charged with indolence, with neglect of duty, and with displaying cowardice by running away from Manila when there were a few scattering cases of cholera there on the pretext of attending the International Tuberculosis Congress at Washington! Can he afford to ignore the curs that yelp at his heels? I think so.

It is true that he really desired to go to the Tuberculosis Congress at Washington. Why? Was it for his own recreation or enjoyment? Not at all. *It was because tuberculosis in these Islands claims its hundreds while cholera claims its scores. Even during the very worst years of the 1902-04 epidemic the deaths from tuberculosis in Manila were in excess of those from cholera and this disease we practically ignore because, forsooth, it is always with us. There is good reason*

to believe that one out of every five or six inhabitants of the Philippine Islands suffers from some form of tuberculosis at some period during his life and one of the problems which Dr. Heiser has set himself is to plan the most effective possible campaign against the "great white plague."

While the danger involved in allowing him to leave the Philippines while cholera was still prevalent in the provinces was fully realized it was not apparent that the situation would be materially benefited by killing a faithful and efficient employee, and the hard fact is that the burden which has rested on Dr. Heiser and on his predecessors has been a killing burden. In Dr. Heiser's case it has been especially heavy through the cutting down of his available force of efficient subordinates.

It should be said, however, that the only change which results from the sending of Dr. Heiser to the International Tuberculosis Congress, is that at the present time we have in general charge of the work of the Bureau of Health one efficient man when otherwise we should have two. Dr. McLaughlin, who, like Dr. Heiser, is an officer of the United States Public Health and Marine Hospital Service and has the training which such a position implies, has displayed such energy and efficiency in dealing with the epidemic as to leave nothing to be desired.

THE BUREAU OF HEALTH CHARGED WITH RESPONSIBILITY FOR THE OCCURRENCE AND THE CONTINUED PRESENCE OF CHOLERA IN THE ISLANDS.

Fortunately for all concerned the situation has not been without its humorous features. Not only has the American administration been charged with changing the climate of the Philippines and with other minor offenses but it is made responsible for the coming and continuance of cholera, the accusation in one instance taking the following form:

"Shortly after the establishment of the civil régime there was organized an office of health in the form in which it is now constituted. Ten years had elapsed at that time during which the archipelago had been free from cholera and immediately following upon such organization in 1902, there came the sanitary crisis which is causing such injury to commerce."

On the same page of the newspaper which publishes this comment with approval, appears the announcement of a commercial house to the effect that on the 23d of September they began to advertise a nostrum known as "Ponche Soto;" that from that time to date (October 8) they had sold nine hundred and forty-three bottles, and that from the time public consumption of "Ponche Soto" had increased the number of persons attacked by cholera had steadily diminished. Thus the efficacy of the nostrum was proved, and the bad sanitary situation created by the Bureau of Health during six years of maladministration had been almost remedied, so far as the city of Manila was concerned, in the short space

of thirty-one days through the sale of nine hundred and forty-three bottles of "Ponche Soto." The advocates of the argument *post hoc ergo propeter hoc* in these two cases were at least consistent. This is the sort of reasoning which we are only too often called upon to meet.

The article above referred to says that from the year 1902, with more or less brief periods of intermission, the country has suffered from a cholera epidemic which the methods employed by the office of health have not sufficed to extirpate *and that this never occurred previously in the Philippines nor within many years in any civilized country.* I have already shown that it *did* occur from 1882 to 1897, during which period cholera was constantly present and conditions were far worse than at any subsequent time.

CONDITIONS FAVORABLE TO THE PROPAGATION OF CHOLERA IN THE PHILIPPINES.

Furthermore, it might well be replied that there is no other *civilized* country where the customs of the inhabitants are so favorable to the dissemination of cholera and undoubtedly the worst of these, universal among the common people and by no means confined to them, is that of eating with the fingers. It would be superfluous to mention the ways in which the fingers may readily become contaminated. Simple washing does not suffice to remove cholera germs and when the family, or a group of friends, gather for a meal and dip their fingers first into the common dish of rice and then into that of fish or other *vianda*, if one of their number has an infected hand others are likely to suffer. Especially is this true where food ever so slightly contaminated is left over and eaten later. Germs may then multiply with great rapidity. Drinking water is commonly kept in large earthen jars into which those who wish to drink dip cups or half cocoanut shells, *and incidentally their fingers*, and thus the drinking water, even if pure at the outset may readily become infected.

Unfortunately, it is by no means certain that it will be pure. The drinking water of these Islands comes almost entirely from open springs and streams or from shallow wells into which surface drainage readily runs. Clothes are frequently washed at the side of the family well and that evil consequences follow the use of such water, even when cholera does not prevail, is shown by the fact that the drilling of artesian wells and a general use of the water from them in certain municipalities has sufficed to reduce their death rate fifty per cent.

A further serious obstacle is found in the wide prevalence of foolish or superstitious beliefs to the effect that the drinking of boiled water causes the hair to fall out; that cholera is caused by the poisoning of wells and streams by foreigners, or by a black dog which runs down the street, or in some other equally impossible way. Finally, in common with other

tropical countries, the Philippines have a climate which favors the continued existence of cholera germs when once they find lodgment in any suitable medium and thus there is an ever-present possibility that the disease may become endemic in a given locality.

THE GROWTH OF RAILWAYS A SOURCE OF DANGER.

One source of danger which has arisen since the last serious epidemic in Spanish times seems to have been generally overlooked. So long as inland travel was necessarily undertaken on foot, or horseback, in vehicles or in small boats, it was necessarily slow. The ordinary incubation period of Asiatic cholera in this climate is forty-eight hours and under these circumstances the infection could not spread very rapidly, but with the construction of railways a new factor was introduced. One may travel quite a distance in forty-eight hours even on the Manila and Dagupan Road, and the infection from Manila of the Provinces of Rizal, Bulacan, Pampanga, Tarlac, Pangasinan, La Union, Nueva Ecija, Laguna, and Cavite within twelve hours is now theoretically possible owing to the growth of railway lines.

REORGANIZATION OF THE BOARD OF HEALTH.

It is not true that the "office of health" was organized as it is now constituted in 1902. On the contrary it has since undergone a complete reorganization. The executive powers which were originally vested in a board of five members have been conferred upon a single individual, namely the Director of Health, while the original thoroughly trained and efficient force of the board has scattered, largely as a result of the unsatisfactory conditions of the service created through legislative enactments. The positions formerly occupied by many of these men have been abolished.

THE CLAIM THAT FILIPINOS ALONE SHOULD BE EMPLOYED TO COMBAT CHOLERA.

The claim has been made that our difficulties in dealing with cholera at Manila and in the provinces would speedily end were we to put all of the work of combating it in the hands of Filipinos, and that these difficulties would be greatly diminished in Manila were we to make the management of the cholera hospitals exclusively Filipino, the reason assigned being that the Filipinos better understand their own people and enjoy their confidence to a higher degree than do the Americans.

The actual result of leaving the situation in certain provinces entirely to Filipinos is demonstrated by the statistical tables in this report. This result is hardly such as to justify any extension of the policy. It is interesting to note that we have had there the same story of concealment of the sick and secret burial of the dead with which we are so familiar at Manila.

THE COMMON PEOPLE LACK CONFIDENCE IN PHYSICIANS.

The difficulty arises not so much from the lack of confidence in physicians of any particular nationality as from a lack of confidence in physicians as a class.

Even in Manila, where there are far more Filipino physicians in proportion to the number of inhabitants than can be found anywhere else in the Archipelago and where a number of competent Filipinos are employed as municipal physicians to give gratuitous care to the indigent sick, not less than 50 per cent of the deaths occur without medical attendance, a fact which would not seem to indicate a high degree of confidence on the part of the Manila public at large in physicians of any nationality.

THE BEST RESULTS OBTAINED BY COÖPERATION BETWEEN AMERICANS AND FILIPINOS.

During the present epidemic the work at the San Lazaro cholera hospital has been carried on under the general supervision of an American physician aided by two American and three Filipino physicians, by seven American trained nurses, by four Filipina nurses who have partially completed a course of training, by three American hospital stewards, by twelve students from the Philippine Medical School, and by twelve medical students from the University of Santo Tomas. It seems to me that this has been a most satisfactory arrangement. At all events the death rate has been extraordinarily low, being but 47.3 per cent. of the total number of cases admitted up to October 24, 1908, *and this in spite of the fact that many of the patients were so far gone on arrival at the hospital as to be without pulse at the wrist.*

THE QUESTION OF DISINFECTANTS.

It has been charged that the present epidemic found the Bureau of Health without a proper supply of disinfectants and that a part of those used during the early days of the epidemic were practically worthless.

The following memorandum and correspondence give the facts:

Memorandum for the honorable the Secretary of the Interior relative to disinfectants.

A table is attached to show the amount of disinfectants on hand, received, issued, and remaining on hand for 1905, 1906, 1907, and up to the present time.

It may be stated that at no time has the Bureau of Health been without disinfectants properly to disinfect all cases, premises, and contacts where cholera occurred.

Reference to the amounts of disinfectants for the three years will show that according to experience this Bureau had on hand amounts considered necessary as in previous years. At all times was it taken into account that the Quarantine Service, the Army and Navy, Japanese commercial houses, and Hongkong had supplies which could be drawn upon, and by no reasoning could the purchase of

extraordinary amounts, more than had been needed in previous years, be justified.

The campaign this year was conducted upon different lines than years previous, this being due to the fact that in no previous experience in recent years had there been such general infection nor had the number of cases risen to the number per day that it did in this epidemic. The report that the Bureau of Health had run out of disinfectants was probably founded upon the fact that we were constantly requesting information as to quantities and prices obtainable, in order to insure a constant supply. It is true that on two days three of the tank wagons used electrolysed salt water which it was found would kill cholera bacilli promptly, but these wagons were used only for general disinfecting purposes, and at no time was there any danger that for actual cholera purposes the supply of disinfectants would be exhausted.

CHANDLER,

Chief Clerk, Bureau of Health.

Statements on disinfectants.

Disinfectants.	On hand Dec. 31, 1904.	1905.				1906.			
		Re-ceived.	Total.	Issued.	On hand Dec. 31.	Re-ceived.	Total.	Issued.	On hand Dec. 31.
Bichloride ----- kilos.		200	200	94 $\frac{7}{8}$	105 $\frac{7}{8}$	187 $\frac{1}{2}$	298 $\frac{1}{2}$	188 $\frac{7}{8}$	104 $\frac{1}{2}$
Lime:									
Chloride ----- pounds.	1,045	24,800	25,845	23,745	2,100	14,000	16,100	14,600	1,500
Rock ----- sacks.	18	165	183	149	84	1,550	1,584	1,550	34
Carbolic acid:									
Crude ----- {barrels.	5 $\frac{1}{2}$	1	6 $\frac{1}{2}$	6	$\frac{1}{2}$	10	10 $\frac{1}{2}$	9 $\frac{1}{2}$	$\frac{1}{2}$
{gallons.		10	10		10	394 $\frac{1}{2}$	344 $\frac{1}{2}$	255	89 $\frac{1}{2}$
Crystals ----- drums.	14	100	114	79	85	90	125	119	6
Phenol ----- liters.	65 $\frac{1}{2}$	250	315 $\frac{1}{2}$	128 $\frac{1}{2}$	186 $\frac{1}{2}$	24	189 $\frac{1}{2}$	21 $\frac{1}{2}$	168
Formaldehyde ----- kilos.	517		517	133	384	240	624	440	184

Disinfectants.		1907.				1908.			
		Re-ceived.	Total.	Issued.	On hand Dec. 31.	Re-ceived.	Total.	Issued.	On hand Oct. 12.
Bichloride ----- kilos.		200	304 $\frac{1}{2}$	197	107 $\frac{1}{2}$	131 $\frac{1}{2}$	239	165	74
Lime:									
Chloride ----- pounds.		10,250	11,750	8,850	3,200	2,000	5,200	3,900	1,300
Rock ----- sacks.		765	799	753	46	27,252	27,298	27,298	
Carbolic acid:									
Crude ----- {barrels.									
{gallons.		589	628 $\frac{1}{2}$	529	99 $\frac{1}{2}$	2,531 $\frac{1}{2}$	2,681	2,681	
Crystals ----- drums.		87	93	76	17	75	92	79	18
Phenol ----- liters.			168	394	128 $\frac{1}{2}$	299 $\frac{1}{2}$	427 $\frac{1}{2}$	159 $\frac{1}{2}$	268
Formaldehyde ----- kilos.		210	394	235	161	2,270	2,431	2,431	
Jeye's fluid ----- gallons.						4,000	4,000	3,800	
Trikresol ----- liters.						442 $\frac{1}{2}$	442 $\frac{1}{2}$	442 $\frac{1}{2}$	640

MANILA, August 20, 1908.

The PURCHASING AGENT, Bureau of Supply, Manila.

SIR: I have the honor to invite your attention to the fact that investigation by your office and this office develops the fact that there is a scarcity of carbolic acid in the city. Owing to the presence of cholera in the provinces, it is deemed advisable to take measures immediately to assure that an adequate supply is on hand as soon as possible.

Messrs: Watson & Co. wrote to their principals in Hongkong on August 12 to ascertain what amount could be secured there and they expect an answer by return mail. Local agents with Singapore and Japanese principals are also taking steps to ascertain amounts available. This Bureau has on hand a month's supply

for present needs and it is understood that your Bureau has some 1,200 gallons en route. Requisition has been made upon you to-day for 600 gallons crude and 50 drums crystal, which it is hoped will be obtained as soon as possible, reference being had to the letter of Watson & Co. above mentioned. The supply likely to be needed by the provinces is difficult to estimate; Ilocos Sur will probably need 200 gallons and Iloilo 200 gallons. The remaining provinces are most of them slightly infected and it is believed that 1,000 gallons on hand would enable you to fill requisitions according to present conditions. It is believed, however, that as a precautionary measure, steps should be taken to arrange orders for immediate shipment from the nearest markets in case the demand should increase. It may be taken into account that this disinfectant will always be in demand, does not easily deteriorate and that there is very little danger of overstocking.

Very respectfully,

A. J. McLAUGHLIN,
Acting Director of Health.

OFFICE OF THE BUREAU OF SUPPLY,
Manila, P. I., August 27, 1908.

SIR: Referring to your recent communication, I have the honor to inform you that immediately upon its receipt, this Bureau sent a cablegram to Japan inquiring as to whether or not 50 drums crude carbolic acid could be furnished.

A reply has been received to the effect that there is no crude acid obtainable in the Japanese market, but red crystals can be supplied. Please advise us at your earliest convenience whether or not a supply of carbolic acid in red crystals would be a good substitute for crude carbolic acid.

Very respectfully,

GUS JOHNSON,
Assistant Purchasing Agent.

DIRECTOR OF HEALTH, *Bureau of Health, Manila, P. I.*

[First indorsement.]

DEPARTMENT OF THE INTERIOR, BUREAU OF HEALTH,
Manila, P. I., August 28, 1908.

Respectfully returned to the Purchasing Agent, Bureau of Supply, with the information that carbolic acid in red crystals will be a good substitute for crude carbolic acid.

A. J. McLAUGHLIN,
Acting Director of Health.

OFFICE OF THE BUREAU OF SUPPLY,
Manila, P. I., September 22, 1908.

SIR: I beg to forward the following report of the action of the Bureau of Supply in the matter of orders for carbolic acid since May 1, 1908, for your information.

	Crude 100 per cent (gallons).	Crystals (pounds).	Due to arrive.	Arrived.
On hand May 31, stock.....	1,200	2,350		
Ordered:				
May 27, cable, Japan.....		5,600		July 16.
June 12, cable, United States.....	1,200		Sept. 24	
July 16, mail, United States.....	1,200		Nov. 1	
July 16, cable, Japan.....		5,600		Sept. 8.
Aug. 29, cable, Japan.....		11,200	Oct. 4	
Sept. 18, cable, Japan.....		11,200	Oct. 4	
	3,500	39,950	359.5 drums.	

Your attention is invited to the fact that the annual estimate of the Board of Health for the fiscal year July 1, 1908, to June 30, 1909, calls for only one hundred drums crystal and three thousand gallons crude carbolic acid. This estimate is dated July 24, reached this office July 31 and carries a chit, "Dr. Heiser requests that no action be taken on this estimate until he advises by mail from the United States."

No advice has yet been received. What action shall we take?

Very respectfully,

E. G. SHIELDS, *Purchasing Agent.*

BUREAU OF HEALTH, *Manila, P. I.*

[First indorsement.]

DEPARTMENT OF THE INTERIOR, BUREAU OF HEALTH,
Manila, P. I., September 22, 1908.

Respectfully forwarded to the honorable, the Secretary of the Interior, requesting that, in view of the present emergency, authority be given to disregard the message left by Dr. Heiser in order that the Bureau may be supplied with the articles and supplies necessary.

A. J. McLAUGHLIN,
Acting Director of Health.

[Second indorsement.]

THE GOVERNMENT OF THE PHILIPPINE ISLANDS,
DEPARTMENT OF THE INTERIOR,
Manila, September 23, 1908.

Respectfully returned to the Acting Director of Health.

In meeting the present emergency the Acting Director of Health will order such supplies and take such steps as he deems necessary, regardless of any instructions which may have been left for him. Such instructions it is presumed did not contemplate the arising of an emergency like the present one.

Where it seems advisable to go in direct opposition to instructions which have been left by the Director of Health, it would doubtless be well for the Acting Director to consult with the undersigned if there is opportunity, but the important thing is that what is deemed to be necessary should be done IMMEDIATELY without any loss of time whatever, and the Acting Director of Health will be supported in such cases by the undersigned.

DEAN C. WORCESTER,
Secretary of the Interior.

In point of fact Dr. Heiser with much difficulty and delay sometime since secured a kind of carbolic acid which mixed well with water, did not stain, and was thus of especial value for disinfecting purposes. He ordered more of this, particularly impressing upon the Insular Purchasing Agent the necessity for obtaining the same article.

The acid which was received on this order was not of the same color as that requested, it did not mix well with water and it stained badly. There ensued a controversy between the Director of Health, the Insular Purchasing Agent and the shippers of the acid over the question as to whether it was or was not what had been ordered, and the placing of larger orders was delayed pending the discovery of a suitable source of

supply of the quality of acid required, which Dr. Heiser is seeking to find in the United States.

Although the stock of disinfectants kept on hand has not failed at any time during the epidemic to meet the needs as they arose, I am, nevertheless, of the opinion that a full year's advance supply should be kept constantly on hand by the Insular Purchasing Agent to guard against a possible emergency.

SUBORDINATE FORCE EMPLOYED.

Relative to the force of men employed during this epidemic: On September 15, 105 extra men were employed, and this number was increased until 615 natives were on the roll with 36 additional white inspectors who were in charge of disinfecting gangs and of men throwing lime, using water wagons for disinfectants, etc. In addition to these about 300 men were furnished by the city for ditching, draining, and general cleaning up. Some 200 Constabulary were detailed for quarantine guards, and the regular house-to-house inspection was made by policemen. All these in addition to the regular Bureau of Health force.

UNSANITARY CONDITIONS IN MANILA.

The attitude of the municipal officials has been so friendly and helpful throughout the present epidemic that it is with regret that I find myself compelled to call attention to certain particulars in which I feel that they have failed properly to perform their duty prior to the present outbreak.

It will be remembered that under the division of powers finally determined upon it was intended to authorize the Bureau of Health to determine in general what sanitary work ought to be performed and how it should be done, while the city was charged with the responsibility of properly performing it. Under this arrangement the disposition of refuse and night soil was turned over to the city, and I am glad to say that under the supervision of the present highly competent chief of the department of sanitation and transportation, Mr. Mehan, this work has, in my opinion, been performed even better than when it was done by the Board of Health. I regret that I can not make a similar statement relative to the sanitary inspection of buildings under construction.

The provisions of law intended to secure proper light and ventilation in and around buildings were originally incorporated in the Sanitary Code and had they remained there could have been modified or repealed only by the Director of Health with the approval of the Secretary of the Interior.

By mutual consent, however, they were cut out of the Sanitary Code

and incorporated in the building ordinance, no objection to this change being raised by the Bureau of Health for the reason that the provisions adopted were entirely satisfactory. One of them read as follows:

SEC. 142 (Ordinance No. 78). *Yard on inside lot.*—Behind every building hereafter to be erected when on inside lot, there shall be a yard extending across the entire width of the lot of a width of not less than three meters.

To anyone familiar with the horrible conditions which formerly existed in Manila through the crowding together of nipa shacks, or who realizes what destruction of buildings has been necessary in Honolulu and other cities, in order to get rid of bubonic plague, and why it is that the authorities of Hongkong must continue to face an annual epidemic of plague until they destroy property of enormous value, it would seem axiomatic that we should guard against the creating of similar conditions in Manila by failure so to group and construct buildings as to afford free access to those two greatest of disinfectants, *sunshine and fresh air*, yet on August 22, 1907, the Municipal Board finally repealed this provision. The following correspondence ensued:

DEPARTMENT OF THE INTERIOR, BUREAU OF HEALTH,

Manila, August 26, 1907.

To the honorable the SECRETARY OF THE INTERIOR, *Manila.*

SIR: I have the honor to call your attention to the fact that a sanitary ordinance regulation for the purpose of securing light and ventilation, as expressed in section 142 of Municipal Ordinance 78, was repealed August 22, 1907, by the Municipal Board, without this office having been given a hearing or even having been notified that such was the intention, and furthermore, without the consent of the Governor-General, who, by inference, under the provisions of Act No. 1150, is arbiter in such cases.

While the section cited is not in the Sanitary Code, it is none the less a most important sanitary regulation, and was omitted from the former by mutual consent, as well as other similar regulations, in order to avoid unnecessary duplication by including such regulations in both Building and Sanitary Codes.

Section 142 of Ordinance 78 was primarily aimed against plague and other filth diseases, which require light and air for their successful eradication. The very condition sought to be remedied by the repealed regulation is now being corrected by cities like Hongkong and Bombay with tremendous expense to the municipalities. In view of the foregoing, I respectfully protest against the action of the Municipal Board as being illegal and extraordinary, and at the same time submit the repealed section for reenactment as a sanitary regulation, in accordance with the provisions of Act 1150, for the following reasons:

1. To secure ventilation and light, the need of which may be observed in the business houses on the Escolta, where there are no facilities for through currents of air.

2. To permit the entrance of light, sunshine, and fresh air, which are the natural remedies against plague and similar diseases.

3. To save the city ultimately from the expense and trouble which has been forced upon such cities as Naples, Bombay, Calcutta, New York, and many other crowded centers of population throughout the civilized world by having to make such changes in buildings already constructed.

In view of the fact that the regulation referred to does not contemplate any

changes in existing buildings but simply applies to the construction which is to take place in the future, it is most earnestly requested that this regulation be forwarded to the Municipal Board, approved.

Very respectfully,

VICTOR G. HEISER, *Director of Health.*

[First indorsement.]

EXECUTIVE BUREAU.

Respectfully referred to the Municipal Board for such comment as it may desire to make.

Prompt return of these papers is desired.

J. F. SMITH, *Governor-General.*

[Second indorsement.]

CITY OF MANILA, MUNICIPAL BOARD.

Respectfully returned to the Governor-General, inviting his attention to sections 139, 140, and 143, and especially to the last sentence of section 139 of Ordinance No. 78, from which it will be seen that ample provision is made for light and ventilation.

The Board considered carefully the matter before the repeal of section 142 was effected.

What brought the matter sharply to the Board's attention was the insistence on the part of the health authorities that the section should be rigidly enforced, and a three-meter strip left vacant behind all houses, houses being construed to mean, not only the main building, but the outhouses as well. A person desiring to build a house with a detached kitchen and a detached stable would be required, under the ruling of the health authorities, to leave free three three-meter strips, which the Board thinks is an unnecessary hardship.

By direction of the Board:

JNO. M. TUTHER, *Secretary.*

[Third indorsement.]

EXECUTIVE BUREAU, MANILA.

Respectfully returned to the Director of Health, inviting attention to the second indorsement.

If the interpretation placed upon section 142, Ordinance No. 78, is correct, it would appear that such an interpretation would cause unnecessary hardship.

JAMES F. SMITH,

Acting Secretary of the Interior.

As open violations of the Sanitary Code and the building ordinance continued, the Director of Health addressed a letter to me on the subject on May 14, 1908. This letter and its indorsements clearly exemplify the difficulties thrown in the way of the Bureau of Health by the city engineer's office, and I invite special attention thereto:

The honorable the SECRETARY OF THE INTERIOR,

Baguio, Benguet.

SIR: I have the honor to invite attention to the fact that the attitude of the Municipal Board and of its agents in permitting the erection of buildings and other structures in the city of Manila which are in direct violation of the sanitary ordinances will probably result in much hardship to persons who are having construction work done and also seriously interfere with the sanitary improvement of the city. It will perhaps be remembered that many of the

provisions which pertained to light, ventilation, and sanitary construction originally were included in the Sanitary Code submitted by this office, were, by mutual consent, transferred to the Building Code in order to avoid unnecessary duplication of ordinances, but in transferring such sections it was explicitly understood between the Municipal Board and the Bureau of Health that the Board did not lose any of the rights and privileges which were given to it by the provisions of Act No. 1150. Notwithstanding this, the Municipal Board has taken the right of the Bureau of Health to interpret the sanitary sections of the Building Code.

The attitude of the Municipal Board is probably more clearly shown by quoting a resolution passed by it on September 11, 1907:

"Resolved, That it is the sense of the Board that the interpretation of building ordinances is the exclusive function of the Municipal Board."

And again by the repeal on August 27, 1907, of section 142 of Ordinance 1150 *without the Secretary of the Interior or this office having been given a hearing or even being notified that such was the intention, and, furthermore, without the consent of the Governor-General, who by inference under the provisions of Act No. 1150 is arbiter in such cases.*

It is contended by the undersigned that a sanitary ordinance in accordance with existing law must be prepared in the office of the Bureau of Health, submitted to the Secretary of the Interior, and if approved by him it must be sent to the Municipal Board for enactment; but if the latter body refuses to enact the same, the ordinance must be returned to the Bureau of Health for further consideration, and if the Bureau of Health refuses to change the same the matter must be laid before the Governor-General for final decision. In view of the method of enacting an ordinance it is contended that an ordinance can not be repealed unless the same parties who are responsible for its enactment concur in its repeal.

In order to bring this matter to your attention in concrete form and to show that that house owners and others will be subjected to unnecessary expense by referring to the office of the city engineer approving plans which are in direct violation of the sanitary ordinances of the city, I respectfully submit the following instances which have recently occurred.

104 interior, Concepcion, Ermita.—Plan approved by the superintendent of buildings, July 19, 1907. Cemented places are already badly broken, the material being largely composed of lime which is a violation of section 9, Ordinance 86 also probably of section 99 of Ordinance 78.

161 to 187 Arranque, Santa Cruz.—Plans approved by the superintendent of buildings July 18, 1907; modified plumbing plans approved by the city engineer November 27, 1907. House drain which runs through four tenements or tenement series has a grade of 1 to 106, and another drain which runs through five tenements or tenement series has a grade of 1 to 225, which is in violation of section 86 (Sanitary Code) which specifically states that the grade shall be less than 1 to 50.

164 Azcarraga.—Plans approved by the city engineer December 3, 1907, show that kitchens have head rooms of only 2½ meters, which is in violation of section 78 of Ordinance 78, which prescribes that no room shall be less than 3 meters height. The above structure is now nearing completion along the above lines.

193 Romero Aquino, San Sebastian.—Construction approved by the superintendent of buildings on August 9, 1907. The concrete floor of this building is on the same level or below that of the sidewalk, which is a violation of section 1 of Ordinance 89, which states that the level of the ground below and within

building hereafter erected and intended for human habitation shall not be less than 15 centimeters above the established sidewalk grade at the established building line.

The foregoing are only a few of the instances which are constantly coming to the attention of this Bureau, and it is obvious that the Government is placed in a most unenviable position when one Department approves the construction of a building and later when the owner has gone to the trouble and expense of erecting the same, to have another Department of the Government inform him that it does not comply with the law and he will have to make alterations, all of which may cost considerable sums of money and cause him unnecessary loss and hardship.

In order to obviate conflicting constructions of this kind in the future it is respectfully recommended that the Municipal Board or its agents either be compelled to comply with the requirements of law or that plans and specifications of buildings be not sent out as approved until they have been examined and found satisfactory by this office. Furthermore, it is also respectfully requested that the necessary steps be taken to declare the action of the Municipal Board of August 22, 1907, repealing section 142 of Ordinance 78, illegal and restore this section as it originally stood. *The importance of this matter will perhaps be appreciated when it is remembered that many of the large cities of the world are now engaged at heavy expense in providing air-spaces in crowded sections of the built-up portion of the cities, and that by taking the action as suggested at this time a heavy burden may be saved the city of Manila in the future.*

Very respectfully,

VICTOR G. HEISER,
Director of Health.

[First indorsement.]

THE GOVERNMENT OF THE PHILIPPINE ISLANDS,
DEPARTMENT OF THE INTERIOR.

Respectfully forwarded to the Honorable James F. Smith, Governor-General, inviting attention to the extraordinary attitude assumed by the Municipal Board, as set forth in the inclosed communication from the Director of Health.

The undersigned concurs in the opinion of the Director of Health as to the impropriety and illegality of the action of the Board and requests that steps be taken which will effectively remedy the existing condition.

If sanitary ordinances which are passed at present in a manner involving much delay, but which allow the fullest hearing for all persons interested, are to be set aside in this manner by the Municipal Board, it will cease to be possible for the Director of Health to exercise any effective control over health conditions in the city of Manila.

The conditions tending to permanent infection with bubonic plague which exist in the neighboring colony of Hongkong should afford a sufficient object lesson as to the dangers of allowing the erection of buildings in violation of the provisions of our Sanitary Code. This matter is of the utmost importance as it is easy gradually to improve conditions by proper care in connection with the construction of new buildings, while it is both difficult and very expensive to remedy bad hygienic conditions brought about by improper construction.

We should by all means avoid cause for such radical action as was found necessary in Honolulu, where, as the Governor-General will remember, it was necessary to order the wholesale destruction of buildings in order to eradicate the bubonic plague.

Very respectfully,

DEAN C. WORCESTER,
Secretary of the Interior.

[Second indorsement.]

EXECUTIVE BUREAU, BAGUIO.

Respectfully referred to the Municipal Board, requesting a report.

JAMES F. SMITH, *Governor-General*.

[Third indorsement.]

CITY OF MANILA, MUNICIPAL BOARD,

SECRETARY'S OFFICE.

Respectfully referred to the city engineer, for report.

By direction of the Board:

G. S. LANE, *Acting Secretary*.

[Fourth indorsement.]

DEPARTMENT OF ENGINEERING AND PUBLIC WORKS,

OFFICE OF CITY ENGINEER.

Respectfully returned to the Secretary of the Municipal Board, inviting attention to the following facts leading up to the complaint of the Director of Health:

On August 6, 1907, the Acting Director of Health requested that building permits be withheld until plans had been passed upon by that Bureau, and a somewhat extensive correspondence ensued, which led the Board to adopt the resolution of September 11, 1907, subject of the first complaint in the Director's letter of May 14, 1908.

The questions touched upon in this correspondence were all protests on the part of the sanitary engineer, and the Board in its resolutions showed that it considered the points at issue were not of sufficient importance to warrant a change in the wording of article 3, Ordinance 78.

In reply to the various complaints raised by the Director against the following permits that have been issued by this department, I beg to call attention to each one specifically, as follows:

104 interior, Concepcion, Ermita.—This department does everything possible to secure for the owners of buildings protection in respect to material employed by the contractors, but it stands to reason that a force of fifty inspectors would not be sufficient to enable us to place one man constantly inspecting each building in the course of construction. It is so easy for a contractor to substitute poor material in the mixing of concrete, that it would be impossible for this department to prevent such substitution in all cases.

161 Calle Arranque, Santa Cruz.—The plumbing plans of this building were of such a nature that it was found necessary to assign an assistant engineer to lay out the grades for the plumbing installation, and an expert on those lines set the stakes to which the contractor conformed in the construction. The house drain as it was staked out has not a grade of 1 to 106, as stated by the Director of Health, nor is there a drain with a grade of 1 to 225, as also stated by him. The plans submitted show clearly the elevations of stakes set; said elevations being referred to city datum. There is one line in which the grade does not quite conform to the Sanitary Code, the grade being 1 in 55. In all other grades in this building the grades are 1 in 50 or steeper. A copy of this plan was sent to the Director of Health in the usual way, with the elevations plainly marked thereon.

164 Azcarraga.—A reference to the building ordinance will show that the 3-meter head room is demanded in rooms. Section 146 and section 148, Ordinance 89, construes the word "cubicle" or "room" to mean and include any space for

occupancy or use, inclosed on all sides by walls or partitions more than 2 meters in height. I knew of no case in which permission has been granted to construct a kitchen of less than 3 meters in height, when such kitchen, by being inclosed on all sides, came within the above definition. *It has been the custom of the department to consider a kitchen open on one or more sides as being outside of the definition of a room, and therefore not subject to the provision for the minimum height of 3 meters. If error has been made in this particular, the Bureau of Health has passed scores of such without comment.*

193 Romero Aquino.—In this case also the Bureau of Health has demanded something not required by the ordinance. Section 1, Ordinance 89, states: "The level of the ground below and within any building hereafter erected and intended for human habitation shall not be less than fifteen centimeters above the established sidewalk grade at the established building line." *The building in question was designed, and permit issued for a tienda, with its deposito, as shown on the plan, copy of which was forwarded in due course to the Director of Health; and, if the Bureau of Health has permitted this building to be occupied for human habitation, the fault lies with it, and not with this department, which has no authority under any of the provisions of the Building or Sanitary Code over the occupation of houses once constructed. In the case of certain houses erected on Calle Santa Mesa mezzanine floors were constructed under permit granted by this department, and every attempt possible was made to prevent the inmates of the building from using these floors for habitation. The Bureau of Health can inform the Board with more accuracy than I can what has been accomplished.*

If all the instances of complaint formed by the Bureau of Health are of the same nature as the foregoing, they would appear to warrant but little attention, nor furnish ground for complaint.

Relative to the action of the Board in repealing section 142, Ordinance 78, attention is respectfully invited to the fact that in each instance where protest was made by the owner of the premises against the action of the city engineer in requiring that the 3-meter strip be left vacant, the Bureau of Health was requested to signify its acceptance or otherwise of the protest.

In the case of the building known as "La Puerta del Sol," the authority of the Bureau of Health permitted the occupancy of the strip in question, and the same was true of the extensive repairs made to the Watson building in the Escolta. *The action of the Board was taken when it was shown conclusively that the intention of the Bureau of Health was to force the city to acquire by purchase (its only remedy) a strip of land throughout each block in the entire city 3 meters wide in the rear of every house. The decision of the Supreme Court relative to the 3-meter strip along the esteros had recently been rendered, and the city was confronted by the necessity of expending unlimited thousands of pesos to carry out the desire of the Director of Health.*

I respectfully submit to the attention of the Board the fact that such repeal was absolutely necessary in view of the decision of the Director to demand its enforcement, as outlined in the letter of the sanitary engineer, demanding its enforcement in the case of the property on Calle Morrones, Tondo, where the 3-meter strip was demanded behind the stables.

If section 142, Ordinance 78, is to be reënacted and enforced the city of Manila must be ready to expropriate a portion of every lot where it is proposed to erect a building in the future, and I hesitate to suggest what portion of the city's income would be required to stand the strain. I fear at least 100 per cent.

Very respectfully,

W. P. WYLIE, City Engineer.

[Fifth indorsement.]

CITY OF MANILA, MUNICIPAL BOARD, SECRETARY'S OFFICE,

June 27, 1908.

Respectfully returned to the honorable the Governor-General, inviting his attention to the report of the city engineer given in the inclosure to the fourth indorsement hereon, this having been adopted as the sense of the Board.

By direction of the Board:

G. S. LANE, *Acting Secretary.*

[Sixth indorsement.]

EXECUTIVE BUREAU,

June 29, 1908.

Respectfully returned to the Director of Health, inviting attention to the fifth indorsement.

JAMES F. SMITH, *Governor-General.*

[Seventh indorsement.]

DEPARTMENT OF THE INTERIOR, BUREAU OF HEALTH,

Manila, August 3, 1908.

Respectfully returned to his excellency the Governor-General of the Philippine Islands, through the honorable the Secretary of the Interior, with the statement that as the fourth indorsement written by the city engineer (and adopted by the Municipal Board) in comment on a communication from this office, dated May 14, 1908, addressed to the Secretary of the Interior, *advances practically no explanation of the violations of the sanitary ordinances to which attention was called, it is deemed expedient to submit the following:*

(a) The first item, referring to 104 interior, Calle Concepción, Ermita, is passed with no remark other than to say that while the mixing of cement mortar undoubtedly offers opportunities for substitution, there are standard methods by which the character of the concrete can be determined before the work is approved. This is one of the principal reasons for expert inspections.

(b) In further support of the contention of this office that the grades of the drains at 161 to 187 Calle Arraque, Santa Cruz, are insufficient, and do not conform to legal requirements, "Exhibit A" is respectfully submitted, the same being a report of a survey made by the Bureau of Public Works at the request of the Director of Health in order to determine whether the sanitary engineer of this Bureau was in error, as alleged by the fourth indorsement, in stating that the grades referred to were 1 to 106 and 1 to 225, instead of 1 to 50 as they should have been. *It will be observed that this report practically confirms and substantiates the statements contained in the letter heretofore cited; and furthermore, that the drawings made by the Bureau of Public Works of the said premises show that in certain parts of the drain in the rear of the houses the water is actually expected to run uphill. That it refuses to do so has been attested by recent inspections which disclose that it has become stagnant and foul in the very drains which should carry it away, yet the work has been approved by the city engineer's office and presumably the contractor has been paid, thus leaving the owner no redress and restricting this office to one of two things, either of which would be wrong and constitute a just ground for protest—that is, to compel the owner of the property to have the work done over or to permit a remediable insanitary condition to go unheeded.*

(c) *In the matter of the 2½-meter ceiling at No. 16½ Calle Azcarraga, instead of 3 meters as required by law, and which is defended on the ground that all sides of the room are not inclosed by walls or partitions, it is respectfully sub-*

mitted that if it would require a force of fifty inspectors to keep the few contractors in the city of Manila from improperly mixing their cement, undoubtedly many times that number would be needed to prevent the occupants of such places as are here referred to from insidiously closing up the open sides of structures of this class. Such things do happen, and experience has shown that the best way to make sure of proper ventilation is to provide for it in the first place so that it will not depend on a contingency.

(d) The whole question involved in the controversy in regard to 193 Calle Romero Aquino depends on the construction placed on the phrase "intended for human habitation." No evidence is necessary to prove that *tiendas* are often used as places of human habitation and there is no remedy for it at present. Rents are high and small houses within the reach of the poorer classes are scarce; to drive the occupants from such places would simply compel them to seek shelter in the already overcrowded tenement houses, hence it is better to permit the lesser of the two evils, and hold that such structures are to be places of human habitation.

(e) The contention of this office that the same method must be adhered to in repealing an ordinance coming within the provisions of Act 1150 authorizing the Sanitary Code for the city of Manila as is legally required in enacting the same has not been refuted. The Act cited is very explicit as to the course a proposed sanitary ordinance or an amendment must take before passage, and inasmuch as a partial repeal often has the effect of an amendment, as it did in the case of section 142, Ordinance 78, it would seem that it would require more than a resolution stating "that it is the sense of the Board that the interpretation of all building ordinances is exclusively the function of the Municipal Board" to legalize the action to which exception has been taken. The part of the building ordinance which was repealed was originally incorporated in the proposed sanitary code but was transferred to the building ordinance in order to avoid duplication and for convenience, it being understood at the time that the sanitary status of the same was to be in no wise disturbed or affected. These facts are submitted without regard to the merits of the repealed ordinance itself, but in support of the position taken by this office that the Municipal Board of the city of Manila can not legally repeal any ordinance passed in pursuance of Act 1150 except such repeal shall take the course definitely prescribed by the said Act. If this is not true, the original law forming the basis of the Sanitary Code is practically rendered null and void by its own limitations.

(f) The argument advanced by the city engineer that even if construction work is approved by his office, which is in violation of law, the fault does not lie with him, but with the Director of Health for permitting people to live in such buildings, after he has permitted their illegal construction, is, of course, so unsound as not to require any comment. As stated in the original communication, it places the Government in a most unenviable position when one branch allows construction in violation of the law, and another branch of the Government comes along later and informs the people that the same is illegal and can not be permitted to stand, thereby causing unnecessary expense to persons who make repairs and construct new buildings in the city.

The Director of Health desires the coöperation of the city engineer and wishes to coöperate with him. As is well known, it is difficult enough to carry out the law with regard to sanitary measures without having another official of the Government constantly seeking loopholes and aiding persons to evade the law. Only recently there was presented the anomalous spectacle of the city engineer appearing in court (*Municipal Court, May 9, 1908, Bureau of Health vs. Crisanto Bautista—Exhibit B*) and testifying in behalf of a defendant against whom

this Bureau had brought action for violation of a sanitary ordinance. Again in the case of a large addition which was recently built by N. T. Hashim to the Grand Opera House to be used as a tailor shop, the city engineer refuses to compel the compliance with section 9 of Ordinance 86 and section 1 of Ordinance 89, on the ground that the building is not used for human habitation; yet at least 35 employees have been observed to work therein, and there is ample evidence that persons sleep there also.. (Exhibit C.)

This office also believes that it was the intention of the Commission when it enacted Act 1150 that the Municipal Board through its agents should enforce the sanitary ordinances which pertain to construction and when they are not enforced that it is the duty of the Director of Health to bring the matter to the attention of his superiors.

The hope of the city so far as structural sanitation is concerned lies in enforcing the ordinances. They may seem unnecessary and oppressive now, but it should be remembered that they are made for the future as well as for the present. It would not be so much of a hardship to require a three meter space around buildings being constructed at the present time as to burn the same buildings a few years later in combating an epidemic of plague.

There are two old sayings that are applicable to the question of enforcing the laws for public sanitation; one is that the best way to secure the repeal of a bad law is to enforce it; the other is that the best time to prepare for war is when peace prevails.

Manila has been very fortunate in escaping a general epidemic of plague; it may not be always so fortunate, and the time to begin a crusade against this horrible disease is before it makes its appearance. If it never comes and the ventilation policy is adopted, the people will have all the more reason for appreciating the blessings of fresh air and unobstructed sunshine and could rest assured that their homes would not be destroyed.

Briefly then, in conclusion, it is believed that the facts as set forth in these papers show clearly that many sanitary ordinances are not being enforced, and it is hoped that it may be seen that success lies only in mutual coöperation.

V. G. HEISER, *Director of Health.*

EXHIBIT A.

DEPARTMENT OF COMMERCE AND POLICE,
BUREAU OF PUBLIC WORKS,

Manila, July 28, 1908.

SIR: In reply to your favor of the 1st instant (R. P.-210), I have the honor to inclose two drawings showing profile of drains at rear of houses 161 to 167 and 173 to 187 Calle Arranque, as obtained by this Bureau. House 169 was unoccupied and locked and our representative was unable to get in.

Average grade of drain behind 173 to 187 is 0.523 per cent (F. S. C.), and it will be noticed there is a sharp turn in the drain. The drain behind 161 to 167 has an average of 0.96 per cent. An architect's level mounted on the wall with a trivet was used for this work.

Very respectfully,

J. W. BEARDSLEY,
Director of Public Works.

To the DIRECTOR, BUREAU OF HEALTH, Manila, P. I.

Enc.: Two drawings.

EXHIBIT B.

DEPARTMENT OF THE INTERIOR,
BUREAU OF HEALTH FOR THE PHILIPPINE ISLANDS,
Manila, August 3, 1908.

The DIRECTOR OF HEALTH, Manila.

SIR: I have the honor to report that on the night of August 1, 1908, accompanied by policeman No. 78, Bonifacio Mamaril, I counted seven persons domiciled or sleeping in the new tailor shop recently erected by Mr. Hashim, as an addition to the Grand Opera Houses on Calle Cervantes. On this date active tailoring operations had been temporarily suspended, pending the active commencement on a new Federal Government tailoring contract.

The present occupants stated that when the shop was in full operation, the number of persons sleeping in this building was between 80 and 120 every night. They sleep on the wooden floor only a few inches above the low wet ground under the boards. This ground under the building presents ideal conditions for the breeding of mosquitoes.

Very respectfully,

GEO. H. GUERDRUM,
Chief, Division of Sanitary Engineering.

EXHIBIT C.

MANILA, August 3, 1908.

The DIRECTOR OF HEALTH, Manila.

SIR: I have the honor to report that on or about December 1, 1907, I encountered approximately 40 persons domiciled and sleeping in the new tailor shop recently erected by Mr. Hashim as an addition to the Grand Opera House on Calle Cervantes.

Very respectfully,

WILLIAM P. PAULY, Sanitary Inspector.

[Eighth indorsement.]

AUGUST 7, 1908.

Respectfully referred to the Honorable James F. Smith, Governor-General, inviting especial attention to the within statement of facts by the Director of Health and the report from the office of the Director of Public Works, from which it appears that the city engineer is deliberately permitting violations of many existing health ordinances.

It will be easy to convert Manila gradually into a healthful city if ordinances are steadily enforced.

The continuance of such a policy as is now being carried out by the Municipal Board and the city engineer will result in the creation of an unsanitary city which will ultimately lead to a great epidemic necessitating the destruction of property of great value as has so often occurred in other cities in the past.

This office is powerless to remedy these conditions and appeals to the Governor-General to inform the Municipal Board definitely as to its powers in the matter of repealing health ordinances and as to its duties relative to their enforcement.

Neither the Secretary of the Interior nor the Director of Health can assume responsibility for health conditions of this city unless the present attitude of the authorities above referred to is promptly changed.

DEAN C. WORCESTER,
Secretary of the Interior.

[Ninth indorsement.]

EXECUTIVE BUREAU,

August 12, 1908.

Respectfully referred to the Municipal Board, Manila. *Some explanation is desired from the city engineer touching the violation of health ordinances. It appears from the statement of the Director of Health and from that of the Director of Public Works that the city engineer is permitting violations of these ordinances. If these statements are true, it discloses a most surprising condition, which may subject both the city engineer and the Municipal Board, which exercises immediate supervision over the city engineer, to severe criticism.*

JAMES F. SMITH, Governor-General.

[Tenth indorsement.]

CITY OF MANILA, MUNICIPAL BOARD,

September 11, 1908.

Respectfully returned to the honorable the Governor-General, inviting attention to the inclosed reports of the committee on law and the city engineer, which have been adopted as the opinion of the Board.

By direction of the Board:

H. L. FISHER, Secretary.

Inclosure.

REPORT.

CITY OF MANILA,

DEPARTMENT OF ENGINEERING AND PUBLIC WORKS,

OFFICE OF CITY ENGINEER,

September 3, 1908.

Respectfully returned to the Secretary of the Municipal Board with the following statements relative to the two remaining complaints of the Director of Health relative to alleged violations, by this office, of the Sanitary Code.

Attention is respectfully invited to the fact that the personnel of this office devoted to the inspection of buildings, including examination of plans, etc., consists of a chief inspector (American) and four assistants (Filipinos).

This force during the fiscal year 1908 made inspections on 5,864 applications, of which 1,570 were for construction and 4,294 for repairs, besides 400 miscellaneous permits. In the case of construction, frequent visits are necessary throughout a period sometimes covering several months.

It will, therefore, be seen that this force is taxed to its utmost, and that it is physically impossible to watch every move made by every contractor engaged on these buildings.

In the case of the tenement buildings on Calle Arranque, the soil pipe has been constructed in strict conformity—the fourth herewith—and the drain mentioned by the Bureau of Health and also by the Bureau of Public Works is not a “drain” in acceptance of the term laid down in the ordinance as requiring a grade of 1 in 50, but is merely an open cement-lined gutter carrying away rain water and such other waters as accumulate on the floors of a number of kitchens. Incidentally, the inmates of these premises are apparently permitted to prepare their food for cooking on the kitchen floor, the evidence existing in the fact of fish heads, chicken entrails, rice, etc., all of which comes under the head of garbage, for which the ordinance demands that certain tightly closed iron receptacles shall be provided.

This type of tenement construction seems to be in greater demand than any other class of construction in the hard-material district, in view of which fact standard designs will be necessary, so that builders and architects may know

what is required of them, and until such types are prepared, it would seem that we have not given prospective builders sufficient instruction as to how these matters shall be cared for.

Ordinance 86 states that drain pipes shall be of cast iron, in which case a grade of 1 in 50 is necessary and is required; but where an open gutter of cement, easily accessible to brooms and easily flushed, is constructed, a grade of 1 in 50 is not necessary, and is not demanded by the code.

If cement-lined gutters are to be carried to a particular grade, and this department is to furnish the grade stakes, and see that the work is carried out to those stakes, a much larger personnel will be necessary, and the force of inspectors must be quadrupled at least.

Every contractor, however, who is capable of undertaking such work as the construction of tenement buildings in Calle Arranque, must necessarily know about gutters, grades, etc., to be responsible for any faulty work of this nature to the owner of the premises.

Calle Romero Aquino.—In this case, as stated in the seventh indorsement, the question bears upon the construction placed on the phrase "intended for human habitation."

If tiendas of all classes are to be constructed with all the appurtenances of buildings for human habitation, it requires only a fiat to that effect from the Bureau of Health, and all future applications for permits to erect such tiendas will be accompanied by plans showing all the sanitary arrangements demanded by the code.

One other explanation seems to be necessary in answer to the seventh indorsement, viz:

The appearance in the municipal court on May 9, 1908, of the city engineer, testifying in behalf of a defendant against whom the Bureau had brought action for violation of the sanitary ordinance. When the original order was issued against the defendant it followed the original custom of being sent to the city engineer who issued it over his signature. That order called for the construction of a gutter or drain from the septic tank to the estero. On its receipt the defendant personally appeared in the office of the city engineer and showed that he had no legal right to construct the gutter ordered, as it would have to pass through the property of another party, who had absolutely refused such permission, on the grounds that it would kill his zacate. Under the circumstances, there was nothing to do but withdraw the illegal order, as the city engineer certainly has no right to order a private individual to infringe upon the rights of another private individual.

Very shortly after this action was taken the Bureau of Health recognizing the fact that the city engineer's office was unable to handle the enormous amount of sanitary orders coming in, requested that all orders pending be returned to the Bureau for necessary action.

I am not sure whether note was made in each case where any modification of an order had been made, but it was the intention and desire of this office to inform the Bureau of Health of the condition of each order. I am of the opinion that the Bureau was notified of this action of the city engineer.

In conclusion, I beg to state that conferences with the Director of Health indicate, without any doubt, that the points of difference between the departments refer only to questions of the meaning of the ordinances.

There has never been any desire in this office to do more than comply strictly with the ordinances, and interpretations are frequently requested of the Board and of the Director of Health.

It would seem that instead of recriminations, harsh language, and worse

inuendoes, a simple conference between the heads of the departments would be productive of much more satisfactory service, to say nothing of the time wasted in investigating and reinvestigating, and writing indorsements on matters that can be settled by a five minutes' conference. Such a method will, in the future, be adopted by this department when a question of interpretation arises.

Very respectfully,

W. P. WYLIE, *City Engineer.*

[In re File No. 9006, Construction of buildings in alleged violation of the Sanitary Code.]

COMMITTEE REPORT.

SEPTEMBER 10, 1908.

The MUNICIPAL BOARD, *Manila, P. I.*

GENTLEMEN: This matter has been referred to your committee for the sole purposes of reporting on the legal point brought up in paragraph (e) of the letter of the Director of Health, dated August 5, 1908.

The Director of Health contends that Ordinance No. 78 regarding construction, should be considered as a part of the "Sanitary Code," and as such can not be amended except in accordance with the provisions of Act No. 1150. This opinion is based on the fact that the original draft of the Sanitary Code contained provisions regarding the construction of buildings—that is to say, provisions analogous to those in Ordinance No. 78, and which, in order to avoid a duplication of provisions treating of the same subject, were eliminated from the Sanitary Code when this was discussed by the Municipal Board.

It is a fact that, in the original draft of the Sanitary Code, there were included certain provisions with reference to the construction of buildings, analogous to those already in force in Ordinance No. 78, and in view of this, the representative of the Bureau of Health, when discussing the proposed code before the Municipal Board, offered no objection to the elimination of said provisions from the Sanitary Code.

It is, however, not a fact that the Municipal Board, or any of its members, or the representative of the Director of Health, present at the discussion, had intended that the provisions of Ordinance No. 78, either as a whole or in part, should be interpreted as forming an integrant part of the Sanitary Code, nor that the status of said Ordinance No. 78 should be different from the status of any other ordinances.

Your committee personally sustained this part of the discussion and is perfectly convinced of what has just been written. This being established, it is only natural that the Municipal Board should be the body to whom belongs the exclusive right to interpret Ordinance No. 78 in all its provisions.

Very respectfully,

COMMITTEE ON LAW.

ABSURD CONTENTION OF THE CITY ENGINEER RELATIVE TO PAYMENT FOR STRIPS OF LAND LEFT VACANT FOR VENTILATION.

In the fourth indorsement on this communication the city engineer advances the extraordinary theory that the city might be compelled to pay for 3-meter strips at the backs of lots were it to forbid building thereon in order to prevent the creation of unsanitary conditions. This contention is absurd.

The case to which he refers as decided in the Supreme Court was one of *easement over a zone for public use*, while the case in question is

as to whether the owner of a piece of property shall be allowed to use it in such a way as to endanger the public health. The city could no more be compelled to pay for land which it obliged an owner to leave free from obstruction in order that light and air might enter and that the creation of unsanitary conditions dangerous not only to him and his family but to his neighbors might be avoided, than it could be compelled to pay for a lot in the center of the city because it refused to allow the erection of a tannery or a soap factory upon it.

The city has a right to protect itself against the creation of unsanitary conditions whether there is danger that such conditions will be brought about by the conducting of offensive occupations or by the erection of buildings which are improperly constructed or improperly located.

But the matter was not allowed to rest here. On August 20, 1908, the Director of Health wrote me the following letter:

MANILA, August 20, 1908.

The Honorable, the SECRETARY OF THE INTERIOR,

Manila, P. I.

SIR: I have the honor to invite attention herewith to the recent construction of a small hard-material house in Palomar, district of Tondo, which as a type, being built under a permit, with the apparent full consent and approval of the city building department, constitutes such a menace to the public health that it is believed a special protest is necessary in regard to the same. *The various defects indicated below are apparently covered by legalized evasions of the spirit of the law.*

The building referred to is, as stated, in Palomar near the city stables No. 2—Permit 6375, issued on June 15, 1908.

1. The floor of the structure is unpaved and is low and damp. (Sanitary Code, sec. 9.)

The very wise provisions of the Sanitary Code, of which this is a violation, is evaded by writing on the face of the permit "Not to be used as a human habitation." A sanitary inspector of the Bureau of Health has already gone through the farce of ordering the people to vacate the house as sleeping quarters. If it is vacated it is only a question of time until it will be again occupied. This little structure was erected by poor Filipinos who probably spent their entire savings or are perhaps even in debt for the building, and this office should not in justice to the Philippine people step in now and prosecute these people for sleeping in a building erected in good faith and supervised and approved by another branch of the government.

2. The structure is a scant 2 meters in height; if the ground surface had been filled in as required in section 1, Ordinance 89, the height of the building would be very considerably reduced. Ordinance 78, section 148, requires that all rooms be 3 meters in height.

This is evaded by writing on the face of the permit "To be inclosed on three sides only," yet actually all that is needed to close up this fourth side, with the exception of a small slatted space below, is a hinged or sliding window across a portion of the front.

If this class of construction is permitted to proceed unchecked, the undersigned maintains that it will nullify many of the provisions of the two excellent ordinances now in force in this city, viz: the Sanitary Code and the Building Code. If a person cares to, he can follow the ordinances; if not, he may do as he pleases.

The structure opens the way for the construction of whole barrios of small, squatty, ill-ventilated and muddy-floored hovels, especially in the rear and interiors of the premises of larger houses facing the street. These interiors are now one of the most difficult problems with which this office has to contend; unlicensed repairs and constructions are daily going on in spite of the utmost efforts of this office, which is not equipped with a building department, but must combat these constructions as a sanitary measure in addition to its other health duties. If this construction is now to be legalized by the erection of such houses as the one on Palomar, this office will be handicapped to such an extent that effective sanitation and quick and rapid disinfection in case of cholera and other infectious diseases will be out of the question.

This communication is submitted in addition to and in connection with the previous report by the Director of Health on this same general subject, as this case does not involve careless construction or lax inspection, but involves approved construction, which if continued in will render two of the best ordinances of the city to a large extent noneffective.

Since the first part of this communication was drafted, the structure, due to verbal orders from the local health station, has finally been vacated as sleeping quarters. It is believed, however, that this does not render any less important the above report.

Very respectfully,

A. J. McLAUGHLIN,
Acting Director of Health.

[First indorsement.]

AUGUST 24, 1908.

Respectfully forwarded to the honorable, the Governor-General, inviting his attention to this further instance of the policy which is being pursued by the city engineer and other municipal authorities responsible for the supervision of building operations in the city of Manila.

In the opinion of the undersigned no question more intimately concerns the present and future safety of the people of Manila than does the one raised in this communication and the previous one on the same general subject, which has gone forward to the Governor-General, as to whether the municipal authorities of Manila are or are not to be allowed, in effect, to defeat the provisions of existing sanitary legislation for the city.

The deliberate neglect of some of the provisions of this legislation, and the willful evasion of others, are steadily contributing to the bringing about of conditions which will destroy the results of the work already accomplished for the improvement of health conditions in Manila and will render the city unsanitary.

The undersigned most strongly urges upon the Governor-General the taking of such action as will bring home to those concerned the importance of the proper enforcement of existing provisions of law.

DEAN C. WORCESTER, *Secretary of the Interior.*

[Second indorsement.]

EXECUTIVE BUREAU,
August 25, 1908.

Respectfully referred to the Municipal Board, Manila, in connection with Executive Bureau file 76352-A29, forwarded August 12, 1908. Prompt return of these papers with report is requested.

JAMES F. SMITH, *Governor-General.*

It is presumed that the report of the city engineer under date of September 9 was intended as a reply to this communication. There has been the following subsequent correspondence on this general subject:

MANILA, August 27, 1908.

Dr. A. J. McLAUGHLIN, *Acting Director of Health.*

SIR: In accordance with your verbal instructions, after an inspection of the recently erected structure at interior of 87 Calle Aceiteros, San Nicolas, I have the honor to submit herewith the following data on the subject.

According to building permit No. 7365 exhibited on the premises, authority for this construction was granted Bernardino Padolit on July 30, 1908, by the department of engineering and public works; the permit reading "to construct two secondary buildings (dos edificios secundarios) to measure 8 by 3 meters each, one of hard material (materiales fuertes)."

Just why these should be called secondary buildings is not apparent, as each building harbors several families and is more in the nature of a tenement house.

In violation of the Building Code the structures are largely inclosed with sauali or cane matting. (Ordinance 78, sec. 80.)

In violation of the Sanitary Code the floors are unpaved, low and damp. (Ordinance 86, sec. 9.)

The occupants have no kitchens and are naturally cooking out in the open air. Due to the entire lack of drainage, slop water is thrown out anywhere on the ground and must inevitably breed very insanitary conditions.

Some relief from this class of new construction is respectfully requested, as it will be impossible gradually to improve the sanitary condition of Manila if new construction work can not conform to modern sanitary laws. Attention is invited to a previous communication in regard to a recent similar construction on Palomar.

Very respectfully,

GEO. H. GUERDEUM,

Chief, Division of Sanitary Engineering.

[First indorsement.]

BUREAU OF HEALTH,

Manila, August 29, 1908.

Respectfully referred to the honorable, the Secretary of the Interior, for his information, in connection with the matter of interpretation of Sanitary and Building Codes by the authorities of the city of Manila. It is the opinion of the undersigned that all new construction should conform rigidly to law. Whatever excuse there may be for exercising leniency in the matter of already existing old insanitary buildings, there is no excuse for deviating from the course laid down by law for new buildings, and such deviation tends to perpetuate the problem of insanitary housing.

A. J. McLAUGHLIN,

Acting Director of Health.

[Second indorsement.]

DEPARTMENT OF THE INTERIOR,

September 4, 1908.

Respectfully forwarded to the honorable the Governor-General, for consideration in connection with other papers on this same general subject previously forwarded.

DEAN C. WORCESTER, *Secretary of the Interior.*

[Third indorsement.]

EXECUTIVE BUREAU,

September 7, 1908.

Respectfully referred to the Municipal Board, Manila, requesting report.

JAMES F. SMITH, *Governor-General.*

SHALL WE BUILD A HEALTHFUL CITY?

Although we can not immediately remedy all unsanitary conditions arising from the low, swampy nature of much of the land in the city of Manila, nor destroy all the dark, damp, ill-ventilated buildings, we can strictly enforce reasonable building ordinances so as to insure the ultimate construction of a healthful city.

We are not doing this at the present time. Three times, within the past year, I have appealed to the Governor-General, calling attention to the danger of our present course in the strongest language I could command. No relief has thus far been secured. I can only say that the Secretary of the Interior and the Director of Health decline to assume responsibility for the results of conditions which they are powerless to remedy.

With regret I express the deliberate opinion that the sanitary condition of the city has for some time been growing steadily worse owing to the lax enforcement of the building ordinance, to the repeal of one of its very important provisions, to the failure of the city engineer's office to perform comparatively inexpensive drainage work, and to the neglect of many of the city streets. The existence of extensive areas which can be redeemed only by costly filling is a condition which is to be deplored but which can not immediately be remedied.

The lack of midden sheds for the poorer people of certain districts is a condition which can and should be remedied if funds are available, and if not available they should be provided.

Prior to the completion of a modern sewer system the city of Manila is dependent upon the pail system for the disposal of human excreta. In fact, *after* the completion of the sewer system there will still remain some districts which it will not reach or where the inhabitants can not afford to install modern water-closets.

The proper disposal of human excreta is a matter of vital importance. With these facts in view the Bureau of Health, while in charge of this work, forced the installation of midden sheds for the use of the poor to the limit of funds available for this purpose and repeatedly requested additional appropriations for this work.

Since the city has taken charge the Bureau has not ceased its efforts to secure increased facilities. Complaint has been made as to the conditions which exist and the Bureau of Health has been blamed for them. The following memorandum, report, and correspondence will suffice to show the attitude of the Bureau of Health and of the city authorities in this matter:

[Memorandum for the honorable the Secretary of the Interior relative to public closets and pails in the Sampaloc district.]

There are six public closets in this district, one in each of the barrios of Sulucan, Tuberias, Nagtajan, Loreto, Gastambide, and one at the market on

Calle Alix. In two barrios there are none, viz, Mangahan and Santa Clara. Both of these barrios are located so that there is no road running into them, and a pail wagon could not possibly reach the interior, where in one or two instances the barrio reaches nearly a mile from the nearest wagon road.

Various medical inspectors on duty in Sampaloc have endeavored to have streets cut in these districts, but as the opening of new streets must be considered in connection with other city necessities, this has not been done so far. Copy of a letter advocating a street into Mangahan is attached hereto. The medical inspector now on duty at Sampaloc states that the district including these two barrios contains a large number of individual pails, mostly in tiendas and small stores of different sorts. It has been possible to obtain the pails in these because of the licenses required—the license not being approved until the pail is installed. In the case of the ordinary householder there is no such means to force him to get a pail. In the cases of new constructions in the nipa district the medical inspector states that he invariably recommends “proper closet facilities” before the permit is approved. However, this recommendation seems to be a dead letter as the permit is issued and the house is occupied without a pail.

Where there are public closets installed they are used to a considerable extent by a select few. It can not be expected that the average nipa resident will walk from a hundred feet to a couple of blocks on a dark rainy night or a hot afternoon when there is long grass or a convenient estero near by, or he may use an ordinary chamber pot and throw the contents into the estero or wherever it is most convenient.

This problem has occupied the attention of this office for some time, as will be seen from the attached statement which has been prepared to cover the general question of public closets.

The number of cholera cases in the two barrios without closets were ten cases in Mangahan and seven cases in Santa Clara; five cases in Mangahan are attributed by the medical inspector to one direct infection, the remaining foci are scattered.

The whole question is one of many difficulties and its solution must contemplate a large expenditure of money for pails and closets, filling in of low lands, opening of streets, and, even after these are obtained, the most difficult problem will be to teach the people to use properly the facilities provided.

CHANDLER, *Chief Clerk.*

[Report.]

PUBLIC PAIL SHEDS.

With good drainage, strict supervision of building repair and construction, and a complete system of public closets, the poor districts of a large city, such as Manila, need not cause particular concern to the health authorities, but with a lack of enforcement of building and repair ordinances, lack of surface drainage and lack of public closet facilities, the poor districts of a large tropical city must be at all times a distinct menace to the public health. Realizing the importance of this, the undersigned has many times protested against the lax enforcement of building and repair ordinances throughout Manila, the lack of surface drainage, and the insufficient public closet facilities, and has endeavored to correct these deficiencies in spite of the attitude of the municipal authorities, with reference to the light, ventilation, and drainage sections of the building ordinances.

On May 15, 1906, one year before the undersigned took charge of this division, Dr. J. B. Long, passed assistant surgeon, U. S. P. H. and M. H. S., then Assistant Director of Health, requested of the Municipal Board that a chain of some 32

public pail sheds be erected and operated throughout the various districts of the city. However, by July, 1907, not one of these 32 requested installations had been put in.

Under date of September 27, 1907, relief was requested of the Municipal Board for the people living in Gagalafiging, who had been ordered to supply themselves with pails, and who protested in a petition signed by 27 people, that they were too poor to buy the pails.

In compliance with their request the city installed two pail sheds in Gagalafiging, one at No. 133 interior and one at No. 90 interior. Under date of October 23, 1907, midden sheds were requested and have now been installed in the following places:

District of Malate: Calle San Andres, 119 interior.

District of Malate: Calle Leveriza, 42 interior.

District of Malate: Calle Leveriza, 112 interior.

Tanduay District: Calle Castellanos, 66 interior.

Barrio of Nagtajan:

After some eighteen months, therefore, some 7 public pail sheds of a total of 38 requested have been installed.

Under date of May 29, 1908, the undersigned, realizing the pressing need of additional closets, and realizing also the difficulty of securing the erection of an adequate number, carefully revised the previous list made by Dr. Long, eliminating some of the requested installations, and adding others, and drafted a communication to the secretary of the Municipal Board, for the signature of the Director, in which the construction of 39 pail sheds was requested. This recommendation was referred by the Municipal Board to the city engineer for his consideration. Under date of August 4, 1908, this communication was referred to the Director of Health, inviting his attention to the amount appropriated by the Board for the erection of these sheds, viz, 4,500 pesos, and calling attention to the fact that the erection of all the sheds requested would cost in the neighborhood of 8,850 pesos. There being nothing else that this Bureau could do but accept the reduced appropriation of the Municipal Board, the communication was returned to the Secretary of the Municipal Board, with the indorsement that while this Bureau regretted that all of the public closets requested could not be built this year, the list was returned as requested, with the most important locations checked off in red ink.

The construction of public pail sheds is not expensive, and constitutes such an important item in the sanitation of a city that the most liberal provisions in this regard should be made.

Due to lack of public pail sheds, the residents of the poor districts continually foul the esteros, construct various kinds of insanitary privy vaults, and are in general greatly retarding the health conditions of the city.

GEO. H. GUERDRUM, *Sanitary Engineer.*

STATION I, SAMPALOC,
January 23, 1908.

CHIEF, DIVISION OF SANITARY ENGINEERING,

Manila, P. I.

SIR: I have the honor to recommend that the city engineer be requested to open one or more roads or streets, through which vehicles may pass into the barrio of Mangahan, district of Sampaloc.

This barrio, according to the Bureau of Health census of 1907, has a population of 2,508 and there is no road or opening through which a vehicle of any kind may pass into this barrio.

The inhabitants throw their garbage and rubbish into the streets and vacant lots, claiming that the street cleaning department will remove them. Animals that die are thrown into the rice paddies in the rear of the barrio and there allowed to decay for the same reason.

In cases of cholera or other epidemic diseases, much delay has been caused by not being able to locate the residences, and on account of the ambulance not being able to pass into this barrio.

The pail system would be a greater success at this place if a street or streets were opened.

There are two places where streets could be easily opened with small cost: At No. 81 Calle Balic-Balic and at the continuation of Calle San Anton.

Very respectfully,

BENJ. L. BURDETTE, *Medical Inspector.*

[First indorsement.]

BUREAU OF HEALTH,

Manila, P. I., January 27, 1908.

Respectfully referred, through the Municipal Board, to the city engineer. This office concurs in the opinion of Medical Inspector Benjamin L. Burdette that a street into the barrio of Mangahan, Sampaloc, is badly needed.

VICTOR G. HEISER, *Director of Health.*

BAD STREETS AN OBSTACLE TO SANITARY WORK.

Another very serious obstacle to the successful carrying on of sanitary work has been the condition of the city streets.

This was necessarily bad at the time of the American occupation, owing to the upsetting of the municipal administration by war. The same cause contributed to a continuance of this condition during the early days of American rule and by the time it had become possible to repair the streets of the city the state of most of them was such as to make it necessary to dig them up and practically to rebuild them. There followed the building of a new street railway, the installation of underground telephone cables and the construction of new water and sewer systems. The result has been that the streets of the city have been constantly torn up and the filth which underlies them has been continually brought to the surface. That the digging up of the streets has not been an important source of active cholera infection is shown by the infrequency of cases among the men actually engaged in this work. It is nevertheless possible that the old drains which have been so often broken into have harbored the organisms of cholera in the form which they assume when the disease is endemic and that having been brought to the surface they have subsequently undergone the change necessary to make them active and virulent.

Whether or not this has been the case the sanitary benefit which will accrue to the city from the installation of a pure water supply and an adequate system for the disposal of sewage will far outweigh any disadvantages which have necessarily followed the construction work which is now fortunately nearing completion.

However, no such justification can be found for the condition into which streets like the Escolta and Rosario have been allowed to fall. Here the numerous holes in the wooden paving have served to retain pools of water when it rained or when the streets were sprinkled and have rendered the placing of these streets in a sanitary condition impossible.

NEEDLESS DELAY IN DRAINING CERTAIN LOW LANDS.

It is furthermore true that numerous low places covered with filthy and stagnant water have recently been drained at small expense. Such work could and should have been done in anticipation of an epidemic rather than when it was upon us, and a very large amount of it still remains to be done.

LACK OF STREETS AND DRAINS IN THICKLY SETTLED SECTIONS.

And if these conditions are objectionable, *what shall we say of the extensive districts where there are no streets, or drains, and where filth must therefore accumulate?*

SHOCKING SANITARY CONDITION OF PORTIONS OF THE SAN LAZARO ESTATE.

Nowhere in the city are sanitary conditions worse than on certain portions of the San Lazaro Estate, and indeed it is difficult to see how conditions could be worse. This matter was first taken up with the Municipal Board in 1904, and since that time the Director of Lands, the Director of Health, and the Secretary of the Interior have repeatedly insisted that the city must act.

At one time there was hope of results, and a small amount of improvement work was actually performed but it was soon discontinued and from that time to the present the city has persisted in its first, and extraordinary, attitude that the estate was private property and that the city could not therefore undertake improvement work on streets running through it, and this in spite of the fact that the Attorney-General decided against the contention of the city and that the Governor-General, in his capacity as Acting Secretary of Finance and Justice, approved this decision.

The attitude of all concerned is clearly set forth in the following correspondence:

To the SECRETARY OF THE MUNICIPAL BOARD, *Manila, P. I.*

(Through the honorable the Secretary of the Interior.)

SIR: From all indications it is apparent that very little money will be available during the present fiscal year for the improvements of the streets through the San Lazaro Estate. However, the conditions on many of these streets are intolerable, and it is requested that, notwithstanding the lack of funds for the necessary improvement of these streets, street sweepings from at least that portion of the city north of the Pasig be devoted to the improvement of the conditions of the streets on the San Lazaro Estate. If this is done,

makeshift roadways for the accommodation of this district will result, which will make great improvement over present conditions. If it is not done, the majority of the residents are without means of reaching their homes during the rainy season except through mud and water. Personal observation leads me to believe that a great quantity of such sweepings are now being dumped in other portions of the city or at the Cemetery del Norte, and as this available dumping ground is almost a mile closer to the city, and the raising of the streets would result in assisting the condition of the living, this request is considered a reasonable one.

Very respectfully,

C. H. SLEEPER, *Director of Lands.*

[First indorsement.]

DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully transmitted to the Secretary of the Municipal Board. The condition of many of the streets running through the San Lazaro Estate is deplorable and it is hoped that something can be done toward improving it in the course of the present year.

DEAN C. WORCESTER, *Secretary of the Interior.*

[Second indorsement.]

MUNICIPAL BOARD OF MANILA,

SECRETARY'S OFFICE, MANILA.

Respectfully returned to the Director of Lands, through the Secretary of the Interior, with the information that since the receipt of the inclosed letter many improvements have been made by the city on streets of the San Lazaro Estate, but there are other places where the necessity for filling in with street sweepings is greater than the streets through the San Lazaro Estate.

By direction of the Board:

JNO. M. TUTHER, *Secretary.*

[Third indorsement.]

DEPARTMENT OF THE INTERIOR,

December 17, 1906.

Respectfully referred to the Director of Lands, inviting attention to the second indorsement.

JAMES F. SMITH, *Acting Secretary of the Interior.*

[Fourth indorsement.]

BUREAU OF LANDS, MANILA.

Respectfully transmitted to the Secretary of the Municipal Board, through the honorable the Secretary of the Interior, whose concurrence in the inclosed recommendations is invited.

C. H. SLEEPER, *Director of Lands.*

DEPARTMENT OF THE INTERIOR,

BUREAU OF LANDS, MANILA.

To the SECRETARY OF THE MUNICIPAL BOARD, *Manila.*

(Through the honorable the Secretary of the Interior.)

SIR: I have the honor to acknowledge receipt of your second indorsement, under date of the 14th instant, upon my letter of July 26, last, concerning the improvement of certain streets in San Lazaro.

As the question submitted for consideration involves the health and convenience of a large number of the citizens of Manila, it is much to be regretted that the honorable Municipal Board has, after lengthy consideration, refused to grant

that which in my opinion is a most reasonable request, and with a view toward securing a reconsideration of the matter, I will invite your attention to the following facts:

That more than one-third—perhaps 40 per cent—of the houses in this district are not subject to taxation, for the reason that their value is less than ₱50.

That a great majority of the houses which are subject to taxation are built upon lands intersected by the established streets of this locality;

That prior to the rearrangement of the houses into systematic block formation, as they are now found in said district—a work planned by this Bureau, and put into execution through its almost unaided efforts—a very small percentage of the houses then standing were subject to taxation, on account of their trifling value;

That this rearrangement gave impetus to the building and improvement of houses in the remodeled district; a spirit of rivalry was aroused among the inhabitants, which impelled each of them to repair and enlarge, or build anew, to the extent of individual ability—a number of them, even in the nipa district, indulging in the luxuries of electric light and water connections—with the result that immense improvements were made in the appearance, convenience, sanitation and healthfulness of the community.

Therefore, judging the future by the past, if the present street system should be extended as recommended, a large tract of land now lying vacant and idle, would become available for building sites; old buildings would be repaired and enlarged and many new ones constructed, which, aside from the betterment of the condition of the residents, could only result in an increased revenue to the city of Manila from at least three sources:

First. Increase in taxable value of the buildings.

Second. Increase in revenues from permits to repair, enlarge, and build.

Third. Increase in revenues from licenses to carry on trades and business interests.

In connection with the above, your attention is invited to the fact that since the first of April of the present year, more than 500 permits have been issued for new buildings, and repairs and additions to old ones, on the San Lazaro Estate, of which number 85 per cent have been for the remodeled district of the estate.

I am informed that during each twenty-four hours more than 100 tons of street sweepings are collected throughout the city (90 per cent of which are suitable for the proposed use) which would represent a heap at the present dumping ground approximately 16 by 30 by 7 feet, or 3,360 cubic feet.

If used for filling in streets, as suggested, a monthly fill might be had of 960 linear feet, 30 feet wide and 3½ feet deep, or 480 linear feet, 60 feet wide and 3½ feet deep. Therefore, in only a few months, the present street system might be extended throughout the entire district without additional cost to the municipality—in fact, a saving could be made, on account of the fact that the distance of the haul would be reduced by about 1 mile.

In addition to the street sweepings, there will be thousands of tons of good filling made available by the displacement of earth for the new sewer system.

It is understood that the street sweepings are now being utilized for the filling in of the del Norte Cemetery, and while the aim of the officials in charge of this work is unquestionably a worthy one, *I am of the opinion that the requirements of the living should take precedence over those of the dead—that a healthy and convenient locality in which citizens may live is more essential than a beautiful place in which they may be buried, and it is probable that so many would not require burial at all, if the miserable conditions surrounding their daily lives were ameliorated.*

Of the many works of improvement in San Lázaro, claimed in your indorsement, I have only to say that careful investigation of the subject confirms my belief that during the past few years, only a minimum of work has been done in this district, and the greater part of that has been of a temporary and makeshift character, and frequently abandoned before completion.

I therefore, have the honor to request that the honorable Municipal Board reconsider its action in the matter to the end that the urgently required improvements may be completed during the coming dry season.

Very respectfully,

C. H. SLEEPER,
Director of Lands.

[Fifth indorsement.]

DEPARTMENT OF FINANCE AND JUSTICE, MANILA.

Respectfully returned to the Municipal Board, inviting attention to the fourth indorsement.

JAMES F. SMITH, *Acting Secretary of Finance and Justice.*

[Sixth indorsement.]

CITY OF MANILA, MUNICIPAL BOARD,
SECRETARY'S OFFICE.

Respectfully referred to the Director of Lands (through the Secretary of Finance and Justice), inviting his attention to the attached committee report of January 14, which has been adopted as the sense of the Board.

By direction to the Board:

JNO. M. TUTHER, *Secretary.*

[Seventh indorsement.]

DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully returned to the Director of Lands, inviting attention to the sixth indorsement.

JAMES F. SMITH, *Acting Secretary of the Interior.*

[Inclosure to sixth indorsement.—27147-a10—Translation.]

CITY OF MANILA, MUNICIPAL BOARD.

To the MUNICIPAL BOARD:

Gentlemen: The Director of Lands insists in his extensive letter under date of December 19 last, that the city fill the streets in San Lazaro Estate at least with street sweepings collected from the districts adjoining thereto.

The Municipal Board has resolved the first petition negatively and its resolution should be sustained in the present case for the following reasons:

Since by resolution of the Philippine Commission the San Lazaro Estate is exempt from taxes on the land, only the improvements thereon which were assessed at ₱579.404 contribute to the burdens of the city; therefore during the fiscal year 1906 it contributed only with ₱8,691 as taxes on the improvements and a little more than ₱1,000 as miscellaneous receipts, or a total of approximately ₱10,000.

It is not counted herein what was collected as fees for building permits in said estate, because such fees are estimated only to cover the expenses incident to the department of building inspection of private buildings.

The following table shows the expenses incurred by the city on said estate:

Department of engineering and public works.

14 arc lamps	₱2,520
Repairs to Calle San Lazaro, between Calle Quiricada and Calle Sangleyes.....	2,215
Repairs to Calle Cervantes, from Calle Bilibid to Calle Quiricada.....	5,373
Total	10,108

Department of sanitation and transportation.

Maintenance of 9 public closets.....	P4,274
Street cleanings	1,548
Garbage collection	1,372
Street sprinkling, excluding the value of water.....	14,024
Total	21,218

The foregoing figures are sufficient to show that the San Lazaro Estate is a very heavy burden borne by other taxpayers, without reckoning the advantages enjoyed by the residents of the aforementioned estate, without paying for them, the safety afforded to their persons by the police and to their property by the fire department.

Neither the San Lazaro Estate contributes to the general expenses for the administration of the city, nor for the maintenance of the department of schools.

The surplus of earth material from street excavations by reason of the construction of the new sewer system becomes the property of the contractors for the work, because it was agreed upon with the contractors that they shall leave the streets in the same condition as they were when commencing the work and without obstructions; therefore the hauling of said material shall be done at their own expense and risk. Otherwise, the city would have to incur an important expenditure in the hauling of many cubic meters of earth and its means of transportation at hand would not be sufficient to do it.

If the city were not bound to accomplish improvements urgently required by other districts and to effect those necessarily required for the sanitation of the Cemetery del Norte, which if not done would be a focus of infection of the alive, the objections of the Director of Lands to the action of the Municipal Board in denying his request would be of much weight.

The share of the Insular Government in the expenses of the city as provided for in the Manila Charter, is at the present time a mere compensation for the reduction of its revenue because of the Internal Revenue Law, of which the present Director of Lands is well convinced, as he so stated himself when he was a member of this Board.

The action taken by the Municipal Board in filling in the north side of Calle Cervantes, is a proof of its good wishes to improve the San Lazaro Estate, and the undersigned believes that nothing can be done further during the current year on behalf of said estate.

Very respectfully,

MIGUEL VELASCO.

The honorable the SECRETARY OF FINANCE AND JUSTICE,

Manila, P. I.

SIR: I have been directed by the Municipal Board to inform you that it has received requests from a number of residents of the San Lazaro Estate to repair and drain the streets within the estate.

The streets there are in a bad condition, needing repairs, and just now especially, improved drainage facilities. The Board has directed me to say, however, that, in view of the fact that no land tax is collected in the Estate, it does not feel justified in expending taxes collected in other parts of the City to repair and drain the streets in the Estate. The Board is of the opinion that the necessary repairs and drainage should be made, and by the Insular Government.

Very respectfully,

JNO. M. TUTHER, *Secretary.*

[First indorsement.]

DEPARTMENT OF FINANCE AND JUSTICE, MANILA.

Respectfully referred to the honorable the Secretary of the Interior.

JAMES F. SMITH,

Acting Secretary of Finance and Justice.

[Second indorsement.]

DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully referred to the Director of Lands.

DEAN C. WORCESTER, *Secretary of the Interior.*

[Third indorsement.]

BUREAU OF LANDS, MANILA.

Respectfully returned to the honorable the Secretary of the Interior, inviting attention to still another petition from residents (who are also taxpayers) of Calles Timbugan and O'Donnell on the San Lazaro Estate.

The ground on which the Municipal Board denies the petition of certain residents of San Lazaro Estate, viz, that it does not feel justified in expending taxes collected in other parts of the city to repair and drain the streets of the Estate, appears absolutely untenable, for the following reasons:

Calles O'Donnell and Timbugan have been public thoroughfares for many years. These streets have been and are in a deplorable condition, which the Municipal Board admits, and it appears to be the duty of the Board to maintain the public streets of the city wherever such streets are located. The fact that the streets are located on the San Lazaro Estate, which pertains to the Insular Government, in no way justifies the city authorities in neglecting said streets. The President of the Commission, when discussing the Charter of Manila, advanced as one of the reasons why the expenditure of Insular funds for the city of Manila was justifiable, the fact that the Insular Government owned large tracts of property in the city which were to be exempt from taxation. If the Municipal Board carries out the policy indicated in the within letter, the Insular Government may reasonably expect that the maintenance and repair of Plaza McKinley, the Bagumbayan and Malecon drives, and other streets and plazas on which are located Insular properties, or other properties exempt from taxation, will be discontinued, and it will be necessary for the Insular Government to organize and maintain a street department, which appears ridiculous. It is therefore recommended that the attention of the Municipal Board be invited to the fact that if the reason advanced in the within letter is the only one why certain streets of the San Lazaro Estate are not put in proper condition, the reason is not sufficient; that it is not the intention of the Insular Government to make appropriations for the maintenance and repair of streets while the city of Manila is receiving the assistance from the Insular Government now provided by law; and, that it appears to be the duty of the Municipal Board to maintain and repair the streets on which the abutting property is exempt from taxation as much as it is on streets where the abutting property contributes taxes.

C. H. SLEEPER, *Director of Lands.*

[Fourth indorsement.]

DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully referred to the Honorable James F. Smith, Governor-General, inviting attention to the third indorsement hereon.

DEAN C. WORCESTER, *Secretary of the Interior.*

[Fifth indorsement.]

DEPARTMENT OF FINANCE AND JUSTICE, MANILA.

Respectfully referred to the Attorney-General requesting an opinion.

JAMES F. SMITH,

Acting Secretary of Finance and Justice.

[Sixth indorsement.]

OFFICE OF THE ATTORNEY-GENERAL, MANILA.

Respectfully returned to the Honorable the Acting Secretary of Finance and Justice, inviting attention to the inclosed opinion of even date.

GREGORIO ARANETA, *Attorney-General.*

[Seventh indorsement.]

DEPARTMENT OF FINANCE AND JUSTICE, MANILA.

Respectfully returned to the Municipal Board, inviting attention to the inclosed opinion of the Attorney-General which is approved by the undersigned.

JAMES F. SMITH,

Acting Secretary of Finance and Justice.

MANILA.

SIR: In response to your indorsement of August 24, 1907, I have the honor to submit the following opinion:

STATEMENT OF FACTS.

The San Lazaro Estate is situated within the limits of the city of Manila. Public streets have been laid out and dedicated to the use of the public and have become public streets belonging to the city of Manila. These streets are in bad condition and need repairs, and especially, improved drainage facilities. The Municipal Board has decided that, in view of the fact that no land tax is collected on the San Lazaro Estate, it does not feel justified in expending taxes collected in other parts of the city to repair and drain the streets on the estate, and expresses the opinion that the necessary repairs should be made, and by the Insular Government.

QUESTION.

Upon whom does the duty of repairing the streets in question devolve?

OPINION.

The streets now existing through the San Lazaro Estate are public streets belonging, as such, to the city of Manila. Section 17 of the Charter of the City of Manila recites, among the general powers of the Municipal Board, the following:

"To lay out, construct, improve, and regulate the use of streets, avenues, alleys, sidewalks, etc."

Section 33 of the Charter of the City of Manila, enumerating the duties of the city engineer, provides that:

"He shall have the care of all public streets, parks, and bridges; shall maintain, clean, sprinkle, and regulate the use of the same for all purposes as provided by ordinance."

It is, undoubtedly, the duty of the city of Manila to maintain and keep in repair any and all public streets within the limits of the city. The fact that a

street is bordered by lands exempt from taxation does not change the status of the street or modify the liability of the city in regard to the repair of the same.

The general law exempts various classes of property from taxation. Religious and eleemosynary institutions, as well as all public buildings and property are, by law, exempt from taxation. Public streets adjoin or border upon many of these pieces of private property so exempt from taxation. Take, for example, the Cathedral; it is bounded on four sides by public streets of the city of Manila. No taxes are collected upon such property. Can it be said that the city of Manila is not under obligations and should not repair the streets adjacent to the Cathedral? There are many instances in the city of Manila where a public street is bounded on both sides by property exempt from taxes. These public streets have been maintained and kept in repair by the city of Manila without question.

The fact that the San Lazaro Estate is exempt from taxation and is administered by the Insular Government in no way affects the character of the public streets that pass through such estate. These streets belong to the city. They were opened and dedicated to the use of the general public of the city of Manila and their use is not confined to the residents and tenants of the San Lazaro Estate. The general public use the streets and have the right, as the citizens of the City of Manila, to demand that the streets be kept in a reasonable state of repair. A public street, even though laid out in a particular locality within the city limits, appertains to and is subject to the use of the general public of the whole of the city of Manila; and it cannot be said that the status or condition of a particular public street is fixed by the condition of the adjacent property.

I am, therefore, of the opinion that it is the duty of the city of Manila to maintain and keep in repair the public streets within the limits of the city of Manila, including those public streets which pass through the San Lazaro Estate, and that no distinction can or should be made because of the condition of adjacent property.

Very respectfully,

GREGORIO ARANETA,
Attorney-General.

To the Honorable the ACTING SECRETARY OF FINANCE AND JUSTICE.

The SECRETARY OF THE MUNICIPAL BOARD, *Manila, P. I.*

(Through the honorable the Secretary of the Interior.)

MANILA, October 12, 1907.

SIR: In a recent conversation with the Director of Health my attention was invited to the almost impossible sanitary condition existing in certain portions of the San Lazaro Estate. The cause of this unsanitary condition appears primarily to be due to the lack of drainage along the streets, and secondly, to the large number of water-holes, not only within the area dedicated to streets, but also within the area within the lots. The Director of Health considered the condition so serious that he urged the immediate necessity of some steps to improve this condition. The status of the San Lazaro Estate has now been determined, and that portion south of the second street north of the hospital (with the exception of the block containing the San Lazaro Cemetery) becomes the property of the Insular Government, while that portion north of the said street becomes the property of the Catholic Church; except that portion of the

Estate dedicated to streets and alleys, which becomes public property under the control of the city of Manila. It is believed that the sanitary condition of that portion of the Estate belonging to the Insular Government can be greatly improved if the Municipal Board will coöperate with this Bureau to that end, without the expenditure of any large sum of money. This Bureau has available for such a purpose a small appropriation, and I therefore propose for the consideration of the Board that a large portion of the street sweepings and garbage now being hauled to the Cemetery del Norte be diverted to that portion of the San Lazaro Estate pertaining to the Insular Government and the city of Manila, with the view of filling all holes and raising that portion of the estate which is low and badly drained (not including the low grass lands, which will be continued to be used as such for some time); the Bureau of Lands to furnish funds for the payment of the necessary labor to back-fill, handle the earth to cover the garbage, etc., dig out ditches along the sides of the streets, and do such other work as may be found necessary; the city to undertake to furnish all the transportation and to supervise the work, whether in the streets or block areas; the department of transportation and sanitation to have control of the laborers and to direct their work, this Bureau being consulted only for the purposes of arranging with tenants for the raising or shifting of buildings, and for the payment of the laborers.

If the Board gives this proposition the consideration it appears to merit, and concludes to coöperate with this Bureau, it is believed that the continual complaints now being received regarding the sanitary condition will be discontinued; and with a small additional amount of work in surfacing the street areas, the condition of the entire estate will be greatly improved.

It is desired that an estimate be prepared showing the approximate expense for the labor for this work which this Bureau may be called upon to bear, and also an approximate estimate of the time necessary, which undoubtedly will extend over a period of many months, but the work should be so far completed by the beginning of the next rainy season as materially to improve the present condition of the estate.

This Bureau has been at a large expense during the past year in rearranging the buildings on the estate so as to leave the streets and alley ways free, and to have the nipa buildings the proper distance apart to protect from conflagrations, and has endeavored in other ways to improve the condition of this estate, but until such a time as the city will coöperate it appears absolutely impossible, without a very large expenditure of money, to meet existing conditions. I therefore urgently request your favorable consideration of this project.

Very respectfully,

CHARLES H. SLEEPER, *Director of Lands.*

[First indorsement.]

DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully forwarded to the Honorable James F. Smith, Governor-General, requesting that early and serious attention be given this matter by the Municipal Board. As the status of the San Lazaro Estate has been finally determined, and as one of the considerations which induces the Insular Government to pay approximately one-third of the expenses of the city of Manila is the fact that it owns large properties within the city limits on which taxes are not paid, it would seem that all excuse for the continuance of the attitude hitherto adopted by the city of Manila in the matter of doing necessary street work and of providing

proper light and water supply for that portion of San Lazaro Estate which is the property of the Insular Government had been done away with.

DEAN C. WORCESTER, *Secretary of the Interior.*

[Second indorsement.]

EXECUTIVE BUREAU,
Manila, October 17, 1907.

Respectfully referred to the Municipal Board with request that a conference be had with the Director of Lands and arrangements made to carry out the proposed improvement of the San Lazaro Estate with the least practicable delay.

JAMES F. SMITH, *Governor-General.*

[Third indorsement.]

CITY OF MANILA, MUNICIPAL BOARD,
SECRETARY'S OFFICE.

Respectfully referred to the city engineer for a statement of costs.

By direction of the Board:

JNO. M. TUTHER, *Secretary.*

[Fourth indorsement.]

OFFICE OF CITY ENGINEER,
Manila, February 6, 1908.

Respectfully returned to the Secretary of the Municipal Board, with a plan showing the location of all the water holes complained of in the letter of the Director of Lands, and the information that a careful calculation of the amount of fill required to bring these low places up to proper grade is approximately 17,166 cubic meters, which is believed will cost not less than ₱2 per cubic meter, or ₱34,332 in all. *The chief of the department of sanitation and transportation informs me that at the present time he can not undertake to carry out the wishes of the Director of Lands. I can not see wherein the city, under these circumstances, can touch the question of the improvement of the estate.* Estimate will shortly be presented by this department, to the Board, for certain work in the street areas in connection with the proposed expenditure of funds raised by the extra peso cedula tax, and in this connection I respectfully invite attention to the ninth indorsement on certain papers pertaining to this matter, dated September 24, 1907.

W. P. WYLIE, *City Engineer.*

[Fifth indorsement.]

CITY OF MANILA, MUNICIPAL BOARD,
SECRETARY'S OFFICE.

Respectfully returned to the honorable the Governor-General, inviting attention to the preceding indorsement, which shows the expense of the requested improvements to be so great that the city can not possibly undertake them. *The street areas within this zone will receive attention in the near future.*

By direction of the board:

G. S. LANE, *Acting Secretary.*

[Sixth indorsement.]

EXECUTIVE BUREAU.

Respectfully returned to the Director of Lands, inviting attention to the fifth indorsement.

JAMES F. SMITH, *Governor-General.*

From this correspondence it appears only too clearly that for years the city has persisted in its refusal to perform work absolutely necessary to the placing of large portions of the San Lazaro Estate in a decent sanitary condition. The opinion of the Attorney-General leaves nothing to be said as to the legal obligations resting on the city in this matter but it may well be suggested that in view of the fact that the San Lazaro Estate is administered by the Insular Government for the benefit of the public, and that the income from the Estate goes to the San Lazaro Hospitals in which the lepers, the insane and the cholera victims of the city are supported and cared for at an expense very greatly in excess of the total revenues derived from the estate, there is a moral as well as a legal obligation resting on the city to improve conditions on this property.

We have constantly been assured that the placing of the estate in a decent sanitary condition involving filling which would cost a very large sum. The sanitary engineer informs me that he has gone carefully over the ground, has found that it is from 2 to 7 feet above high tide and that it is entirely feasible to drain it at comparatively small expense by running ditches through it to the neighboring *esteros*.

If there were no other reason for it than the necessity for remedying the indescribable unsanitary conditions prevailing on many parts of this estate this work should have been performed by the city years ago.

In spite of the fact that the Attorney-General rendered an opinion to the effect that the city is under legal obligation properly to maintain the streets through the San Lazaro Estate, which opinion was returned to the Municipal Board approved by the Acting Secretary of Finance and Justice on September 7, 1907; and in spite of the further fact that the Director of Lands offered to share with the city the expense involved, and that the Governor-General requested the Municipal Board to confer with the Director of Lands and arrange to carry out the proposed improvements on the San Lazaro Estate with the least practicable delay, we find the city engineer stating under date of February 6, 1908, *that he can not see wherein the city, under these circumstances, can touch the improvement of the estate and in point of fact the pleasing assurance conveyed at the direction of the Municipal Board to the effect that "the street areas within this zone will receive attention in the near future" has never been realized.*

Meanwhile the streets continue to reek with filth unspeakable; and the people continue to die of preventable diseases.

EXPLANATION OF THE CONTINUANCE OF CHOLERA.

I have thus far endeavored to give a plain statement of the facts as to the past and present cholera situation in Manila and the provinces, and to correct certain misapprehensions which have arisen concerning them.

The conditions set forth leave much to be desired, and we must

manifestly seek their causes if we are substantially and permanently to improve them.

I will now, therefore, give such explanation of the facts as I am able to furnish.

To what have the spread of cholera to the provinces, its continuance there, and the resulting frequent infection of Manila been due?

Beyond the shadow of a doubt they have been due to the lack of a sufficient force of competent men with which to combat the disease. *Who was responsible for this lack?* A conclusive answer to this question may be found in a brief summing up of the record.

The original program for improving the sanitary condition of the Philippine Islands included the establishment of a central Board of Health at Manila to have direct control of sanitary matters in that city and general control over such matters in the provinces; of Provincial Boards of Health, to be subordinate to the Insular Board of Health, and of municipal Boards of Health subordinate to the Provincial Boards of Health. The establishment of the Insular Board of Health was provided for by Act No. 157, passed on July 1, 1901. Act No. 307, "Providing for the establishing of provincial boards of health and fixing their powers and duties," and Act No. 308, "Providing for the establishment of municipal boards of health and fixing their powers and duties," were passed on December 2, 1901.

Act No. 307 provided, among other things, that there should be a provincial board of health in each province of the Philippine Islands, that it should be established at such time as the Board of Health for the Philippine Islands and the Secretary of the Interior thought best and that its president, who would be the chief sanitary officer of the province, should be appointed by the Civil Governor with the consent of the Philippine Commission. The determination of the salaries to be paid presidents of provincial boards of health, within certain limits fixed by law, was left to the Commissioner of Public Health subject to the approval of the Secretary of the Interior.

In carrying out the provisions of Act No. 307 the then well established policy of giving to Filipinos the largest possible amount of intervention in public affairs, was consistently followed. I was asked by the Civil Governor to recommend suitable persons for appointment as presidents of provincial boards of health and my recommendations were in every case acted upon favorably by the Civil Governor and the Philippine Commission. *Of the first twenty-three presidents of provincial boards of health appointed on my recommendation, twenty were Filipinos. In fact, to the best of my recollection, the number of American presidents of such boards of health has never at any one time exceeded three. Not one of the Filipinos appointed was required to pass an examination.*

I made these recommendations with full knowledge that the training of the Filipino physicians appointed had been such as to fit them for the

personal care of the sick rather than for dealing with general problems of public sanitation which can be successfully solved only by specially trained men possessed of a considerable degree of executive ability. It was, however, planned to undertake the systematic instruction of provincial and municipal health officers in their respective districts in connection with periodic inspections of their work. Unfortunately, before the administrative machine thus organized was in even passable running order a tremendous strain was thrown upon it by the cholera epidemic of 1902, which began on March 20, and, as has already been shown, spread until it had invaded thirty-eight provinces.

The conditions which resulted, while not so bad as those which had prevailed during the Spanish régime, were nevertheless deplorable. The hard fact is that provincial and municipal health boards failed most signally to meet the situation and that, except in those cases where medical inspectors could be sent from Manila to take charge, cholera ran its course with little or no hindrance and was terminated in a given locality only by the arising of climatic conditions unfavorable to its continuance, or by the natural decrease in the virulence of the infection and the exhaustion of the supply of susceptible individuals.

I did not feel that under all the circumstances the presidents of provincial and municipal boards of health had enjoyed a fair opportunity to demonstrate their capabilities and still hoped that they might be brought up to a reasonable degree of efficiency. Solely with this end in view it was decided to order all presidents of provincial boards of health on duty at Manila, one or two at a time, in order that they might there receive instruction in the practical application of sanitary science and might then return to their provinces and put in practice there the lessons learned at Manila. This course was followed. In a limited number of instances our hopes were realized and several fairly efficient provincial health officers were developed. In the very large majority of cases I regret to say that increased efficiency was not obtained.

It eventually became painfully evident that the bitter lesson taught the provincial municipalities by the great epidemic of 1902-1904 was being rapidly forgotten. Towns which had temporarily been put in decent sanitary condition relapsed to their original state of uncleanness and only a very limited number of presidents of provincial boards of health struggled successfully against the universal tendency to backslide. A few others did what they could to counteract this tendency but found themselves powerless.

A large majority apparently viewed the situation with complete indifference contenting themselves with making, in a perfunctory way, the inspection trips required by law without any real, determined effort to improve sanitary conditions. Indeed, several presidents reported that they had made their semiannual inspection trips *and at the same time submitted daily time records showing that they had always been present at*

their offices during regular office hours, thus demonstrating that they had performed the remarkable feat of being at the same time in two places widely removed from each other!

It was noted in the case of one president, who was called to Manila for disciplinary action, that his daily reports of the health situation in his province, which was critical, continued to be forwarded to Manila, duly signed, during the entire period of his absence. Investigation showed that he had apparently deemed himself competent to foresee events, as he had sometime before prepared and signed a large advance series of reports and turned them over to a subordinate to be duly forwarded, neglecting to give directions for discontinuing them when he was called away.

Briefly, as a direct result of the appointment as presidents of provincial boards of health of men most of whom were not adequately trained at the outset and were unable or unwilling to profit by the opportunities later given them to secure proper training, the whole system broke down and conditions in the provinces went from bad to worse. It was my opinion, and that of the Director of Health, that such a state of affairs ought not to be tolerated if it was possible to change it. We believed that it *could* be changed by abolishing provincial boards of health and grouping the provinces in health districts each to be in charge of a district health officer *under the immediate control of the Director of Health*. It was our plan to appoint as district health officers those presidents of provincial boards of health who had proved capable and efficient, recognizing meritorious service in each instance by promotion; and by transferring to the remaining positions medical inspectors who had theretofore been *appointed* for the city of Manila but who had in reality been often employed in the provinces where it had been necessary to send them to do work which others were paid to perform.

At my direction the Director of Health prepared a draft of "An Act abolishing provincial boards of health and substituting therefor district health officers, and repealing Act Numbered Three hundred and seven, entitled 'An Act providing for the establishment of provincial boards of health and fixing their powers and duties,' and providing that all the duties heretofore performed by presidents of provincial boards of health and by provincial boards of health shall devolve upon district health officers." This draft was duly forwarded to me, together with the following letter:

DEPARTMENT OF THE INTERIOR,
BOARD OF HEALTH FOR THE PHILIPPINE ISLANDS,
Manila, May 6, 1905.

To the honorable the SECRETARY OF THE INTERIOR, *Baguio*.

SIR: I have the honor to forward herewith a draft of the proposed Act with regard to district health officers.

This bill is the result of the investigation which you requested be made of the present provincial system of boards of health. The unanimous opinion

seems to be that the present plan is ineffective and expensive. The files of the Board of Health contain several hundred letters which give ample evidence of the undesirability of continuing provincial health administration upon the present basis.

Among the advantages to be derived from the passage of the Act are the following:

1. The present plan provides for thirty-one presidents of provincial boards of health, whose salaries amount to \$37,800, U. S. currency. By the proposed scheme the provinces will be divided into twelve districts, and the present medical inspectors of the Board of Health assigned to them. Their salaries would amount to \$24,000, U. S. currency; thus a saving of \$13,800 would be made to the provinces.

2. *In the practical working of the present scheme, it is found to be constantly necessary to supplement the work of the inefficient presidents of provincial boards of health, by assigning experienced officers from the central Bureau to assist them in their work. This is a constant drain on the funds of the Insular Board of Health, and in reality means that two men are being paid for what one man ought to do.*

3. The new plan would provide a more adequate treatment of the sick Americans in the provinces, and would serve as a nucleus for the proposed provincial hospitals.

4. It would facilitate provincial vaccination, and would be much more economical than the present plan of instructing vaccinators in Manila and then sending them to the provinces. Traveling expenses between Manila and the provinces would be saved, and vaccinators could no doubt be hired cheaper when they can be secured nearer their homes.

5. It would provide means for the supervision of veterinary sanitation.

6. It would reduce the amount of official correspondence, and save an immense amount of translating and briefing.

7. The inspections in the provinces would gradually become more uniform. By more central control the experience gained in one province would become available to all.

8. It would facilitate the collection of vital statistics, and a remedy could be applied to correct the present inaccurate returns that are made. Much of the time in the central office is now occupied in correcting these reports.

9. Municipal boards of health would be under better supervision, and the instruction which they would receive from the trained officers would be of real value in improving the sanitation in the provinces.

10. The Insular Board of Health would have a much closer supervision over epidemic diseases. *The cardinal principle in dealing with contagious diseases is, to stamp out the infection of the first cases. It is quite obvious, then, that time is an important factor, and that an officer who would be available at once and actually on the ground, is worth a great many who would of necessity lose much time in starting from Manila.*

11. It would settle the question of authority, and many of the present embarrassments caused to the central government would be avoided. The trouble caused by the cemeteries in the provinces is an example.

12. *It would establish more confidence. Business enterprises would be more secure, in that they would not be at the mercy of factions.*

In conclusion, attention is respectfully invited to the fact that the passage of the "District Health Officers Act" would result in a net saving of \$13,000, U. S. currency, to the provinces, and \$24,000, U. S. currency, to the Insular

Government, and at the same time substitute a system that has merit for one that is universally admitted to be not only useless, but, in addition, a constant cause of friction and a source of much dissatisfaction.

Very respectfully,

VICTOR G. HEISER,
P. A. Surg., U. S. P. H. & M. H. Service,
Commissioner of Public Health.

On August 1, 1905, it was forwarded by me with the following indorsement:

[First indorsement.]

THE GOVERNMENT OF THE PHILIPPINE ISLANDS,
DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully forwarded to the recorder for transmission of these papers to the Commission, inviting attention to the accompanying communication from Dr. Heiser, and recommending the passage of the within Act.

DEAN C. WORCESTER, *Secretary of the Interior.*

The act having passed a first reading, it was deemed best on account of its importance, to give opportunity for its public discussion, and in view of the fact that many of the provinces interested could not send representatives to be present when it was considered in public session, a copy of it was forwarded to each provincial board with the request that the board forward its opinion in writing. The large majority of the boards favored the bill. It is, however, only fair to say that there was nothing in the bill itself to show that the dropping from office of inefficient presidents of provincial boards of health, and their substitution as district health officers by efficient medical inspectors sent from Manila, was contemplated. Had this been made plain, as it should have been, some of the replies received would doubtless have been of a different character.

When the bill came up before the Philippine Commission for a third reading and passage I again called attention to the fact that if it passed, proper provision for carrying out the policy outlined would be inserted in the next appropriation bill. It was thereupon stated that Dr. Heiser and I were trying to make places in the provinces for a large number of American medical inspectors whose services were not needed either there or in Manila, and that the appropriation for the Bureau of Health was twice as large as was necessary. After protracted discussion the bill was laid on the table where it remained until the Commission adjourned to Baguio.

It was evident that the bill as it then stood could not pass, and I was directed by Governor-General Ide to meet with other members of the Commission and *draft a bill which could pass*. I endeavored to do so.

The first section of the bill as originally drafted read as follows:

SECTION 1. Subject to the approval of the Secretary of the Interior the Bureau of Health for the Philippine Islands shall divide the Archipelago into such

number of health districts not exceeding eighteen as he may deem advisable and the Director of Health may assign thereto such number of District Health Officers, Sanitary Inspectors, and other agents and employees as may be necessary.

The corresponding portion of the bill as finally passed read as follows:

SEC. 2. Each province may have a district health officer appointed by the Governor-General, with the advice and consent of the Philippine Commission. Subject to the approval of the Philippine Commission, the Director of Health may increase the number of district health officers assigned to a province or may unite two or more provinces and assign to them a district health officer. He may also assign to each district such other duly authorized sanitary officers or employees as he may deem necessary.

Any regularly appointed person holding the office of president of a provincial board of health at the time of the passage of this Act shall be eligible for appointment without examination to the position of district health officer during a period of two years from the date on which this Act becomes effective.

Under the act as originally drafted, supplemented by the contemplated provisions in the appropriation bill, district health officers would have been appointed by the Director of Health subject to the approval of the Secretary of the Interior and would have been assigned to duty wherever circumstances required their presence. This would have given a mobile force composed for the most part of men of tried and proved efficiency. Ordinary conditions in the provinces or in Manila could have been met without moving men from the one region to the other and in special emergencies a few men could have been spared for transfer from Manila to the provinces and vice versa without creating a dangerous situation. For purposes of discipline this force of officers would have been under the immediate control of the Director of Health and the Secretary of the Interior, and had it proved inadequate properly to safeguard the health of the people of the Philippine Islands responsibility for results would necessarily have rested squarely upon these two officials.

The act as finally passed left the Director of Health and the Secretary of the Interior without authority to establish health districts or to appoint or to remove district health officers. At the time it was passed both the Secretary of the Interior and the Director of Health believed that it at least authorized the latter official to assign properly appointed district health officers to duty wherever their services might be needed, but in actual practice it was interpreted to mean that even in meeting great emergencies the Director of Health might not so much as temporarily transfer a district health officer from one district to another without the consent of the Governor-General and of the Philippine Commission first had.

The situation might still have been redeemed, at least to a considerable extent, had there been inserted in the appropriation bill proper provisions as to salaries so as to allow the appointment as district health officers of the men whom it was originally intended to employ in this capacity, but it was understood at the time Act No. 1487 was passed that this would

not be done, but that the new positions would be filled by the more competent ex-presidents of provincial boards of health.

In spite of this understanding Dr. Heiser was so thoroughly convinced of the absolute necessity of the change, if the public health was to be properly safeguarded, that he included in his estimate of appropriation required for the fiscal year ending June 30, 1907, the following provision:

DISTRICT HEALTH OFFICERS.

Salaries and wages.

11 district health officers, at ₱4,000 per annum	₱44,000
1 district health officer, at ₱4,000 per annum (increase submitted)	4,000
(In lieu of 1 medical inspector, at ₱3,600 per annum.)	
3 district health officers, at ₱4,000 per annum (submitted)	12,000
Total, salaries and wages	60,000

Contingent expenses.

Traveling expenses of district health officers	7,500
Total, district health officers	67,500

NOTE.—It will be noted that the above estimates contemplate the inauguration of the district health plan as originally proposed by this office.

In the foregoing estimate, in addition to the medical officers for the hospitals of the Bureau and for the prison sanitation division, there are requested five medical inspectors, with salaries aggregating ₱23,400, for city and central office work. This amount represents the total charge against the Insular funds on account of medical inspection, as against 17 medical inspectors allowed by Act 1416 with salaries aggregating ₱71,000. The above amounts requested for district health officers will be refunded to the Insular Treasury by the various provinces, as provided in Act 1487.

This would have provided fairly adequate compensation for fifteen district health officers and, supplemented by the other provisions of the estimate, would also have provided salaries for the medical officers of the hospitals conducted by the Bureau and for five medical inspectors for work in the city of Manila.

When interrogated as to his reason for inserting such a provision in his appropriation estimate after a wholly different policy had been finally determined upon, Dr. Heiser replied that he was so firmly convinced of the absolute necessity of the change that he felt it his duty once more to urge it and that he had inserted the provision in order that if it were stricken out the responsibility for such action might be clearly defined. It was stricken out by the Commission.

The appropriation bill as finally passed contained a further provision which embodied unsuspected possibilities of mischief. It had been originally planned to change the designations of the more responsible medical officers employed by the Bureau of Health, making all physicians in charge of hospitals and also all medical inspectors district health officers, the object being twofold, namely, to give to the force the greatest possible

mobility so that the men might be used whenever and wherever needed and to open to Filipino physicians positions for which it was probable they could not qualify if compelled to pass civil-service examinations, but for which it was hoped they might, in actual practice, demonstrate their fitness, Act No. 1487 having contained a provision to the effect that any person who had held the position of president of a provincial board of health would be eligible to appointment as a *district health officer* at any time within a period of two years after the passage of the Act.

The undersigned did not desire to have this privilege withdrawn from worthy ex-presidents of provincial boards of health and believing, as he did, that under the provisions of Act No. 1487 the assignment to duty of all district health officers was completely within the control of the Director of Health, raised no objection to the provision. *Under the accepted interpretation afterward put upon the provisions of this Act the Director of Health was deprived of all control of the assignment to duty of even those officers in charge of hospitals and of the men really employed as medical inspectors in the city of Manila. The condition thus created was absolutely without precedent in the administration of the Bureaus of this Government. The Director of Health, who is constantly called upon to take prompt and effective action in combating the most dangerous contagious diseases, was left without power to appoint or to remove a single one of the numerous medical officers in the employ of his Bureau, or to order any such officer to duty outside of a district fixed, not by him, but by the Philippine Commission.*

Nor did the matter end here. By a subsequent resolution of the Commission, the list of eligibles from which it was possible to draw in appointing district health officers was in effect limited to the five ex-presidents of provincial boards of health remaining after the more competent of these men had been given employment.

Of these eligibles one was suffering from an aortic aneurism which had become so serious that he was unable to lie down; a second was afflicted with dyspnoea; although a short man, he weighed more than 200 pounds, and the climbing of an ordinary flight of stairs often made it impossible for him to speak for several moments; a third was at that time a provincial governor who had requested, and had been refused by the Governor-General, the privilege of acting as district health officer without pay, while the remaining two were believed to be deficient in technical training.

One of the latter, Dr. Victorino Crisologo, was subsequently appointed district health officer for Lepanto-Bontoc and is now suspended pending his reply to the gravest charges which have ever been brought against a district health officer in these Islands and which if sustained should lead not only to his summary dismissal from the service but to a withdrawal of his right to practice the medical profession.

Under the policy outlined by a resolution of the Commission of December 20, 1906, the choice of the appointing power was clearly limited

to these five men in filling all positions of district health officer, which as the law then stood, included the officer in charge of the Civil Hospital, the officer in charge of the San Lazaro Hospital, the officer in charge of the Baguio Hospital, the officer in charge of the Leper colony, and the officers in charge of the sanitation of the city of Manila as well as those in charge of the several provincial health districts. This, too, in spite of the fact that not one of them had passed a civil service examination.

THE BURDETTE CASE.

On August 17, 1906, the Director of Health had made a *request* on the Bureau of Civil Service for the appointment *in the United States* of a district health officer at ₱3,600 per annum. This officer was desired to perform the work of a medical inspector of Manila, which of course included occasional trips to the provinces.

Upon the passage of Act No. 1487 I had assured Dr. Heiser that I would support him in an effort to keep his Manila force intact and efficient, so that we might have something to fall back on in case of an epidemic, and the one American on the eligible list having been objected to by Dr. Heiser and his objection having been sustained by the Director of Civil Service the alternatives which were presented were to request the appointment of one of the five men above mentioned, or to ask for a man from the United States.

Dr. Heiser chose the latter alternative and I approved his request, acting with a full knowledge of all the facts. Governor Ide, in whom was vested the power to make the appointment, subject to approval by the Commission, forwarded the following cablegram:

[Cablegram.]

August 20, 1906.

SECWAB, Washington:

Request William S. Washburn to select district health officer, \$1,800 per annum.
IDE.

In accordance with this request Dr. Benjamin L. Burdette was sent out, and upon his arrival, his official appointment was asked for, as is customary.

The Commission thereupon, on December 6, 1906, passed the following resolution:

Whereas there has been presented to the Commission for confirmation in accordance with law the nomination of Dr. Benjamin L. Burdette to be district health officer at a salary of ₱3,600 per annum; and

Whereas it appears that on August 20, 1906, Governor-General Ide, without reference of the matter to the Commission, telegraphed to Washington requesting that Dr. W. S. Washburn, Director of the Philippine Bureau of Civil Service, then in Washington, select a qualified person to fill the position of district health officer at the salary mentioned, in accordance with which Dr. Washburn selected Dr. Burdette, who arrived in Manila on December 3, 1906; and

Whereas, in view of the fact that the Philippine Commission finds that there are available, and were available at the time the telegram was sent to the

United States for a district health officer, physicians who are eligible for appointment under the Civil Service Act and Rules and who it is believed are perfectly capable of filling the position of district health officer, it seems to the Commission that it would be not only unjust to these men, but contrary to the policy of the Government to send to the United States for a person to fill such positions; and

Whereas, for the reasons set forth, the Commission feels that it can not confirm the appointment of Dr. Burdette to the position in question, but appreciating the fact that he came to these Islands in good faith expecting appointment on his arrival, it believes that it is no more than just that the Government should protect him from actual financial loss in the premises: Now, therefore, be it

Resolved, That Dr. Benjamin L. Burdette be informed through the Director of Health that for the reasons above set forth the Commission can not see its way clear to confirm his nomination as district health officer and that if, under the circumstances, he desires to return to his home, the Government stands ready to pay him a sum equal to compensation at the rate of ₱3,600 per annum from the date he left his home in the United States to come directly to the Philippine Islands to fill the position of district health officer to the date of his arrival at his home in the United States on the return voyage, provided he takes the first available direct transportation from Manila to the United States and upon his arrival there the first available direct rail transportation to his home, and also stands ready to pay his actual and necessary traveling expenses from his home in Manila and return: *Provided*, That return traveling expenses and compensation for the period from the date of his leaving Manila to the date of his arrival at home shall not be paid until such arrival and then only upon such properly executed and signed vouchers as may be required by the Insular Auditor; and

Resolved further, That should Dr. Burdette accept this proposition the Insular Auditor is hereby directed to make proper settlement with him from the general purpose appropriation in accordance with this resolution.

Later the matter was reconsidered and on December 20, 1906, the following resolution was adopted:

Whereas there has been submitted to the Philippine Commission the nomination of Dr. Benjamin L. Burdette for appointment as district health officer in the Bureau of Health at a salary of ₱3,600 per annum; and

Whereas the Commission, by its resolution of December 6, 1906, refused to confirm said nomination on the grounds that the person involved had been brought from the United States without proper authority, and while there were eligibles for said position on the eligible list of the Bureau of Civil Service; and

Whereas it is the desire of the Acting Secretary of the Interior that the Commission reconsider its resolution of December 6, 1906, rejecting the nomination of Dr. Burdette as above stated: Now, therefore, be it

Resolved, That it view of the expenditures already made and the obligations already incurred by bringing Dr. Benjamin L. Burdette to these Islands from the United States, and in view of the further fact that after exhausting the present list of eligibles it will still be necessary, in the opinion of the Director of Health and the Acting Secretary of the Interior, to fill two additional vacancies now existing in the corps of district health officers, the said resolution of the Commission of December 6, 1906, be, and the same is hereby, revoked, and the

nomination of Dr. Benjamin L. Burdette to the position of district health officer be, and the same is hereby, confirmed; and be it

Resolved further, That the Director of Health be informed that the nomination of Dr. Burdette is confirmed solely on account of the expenditures already made and the obligations already incurred in bringing Dr. Burdette to these Islands under the circumstances above set forth, and for no other reason, and that the action and policy of the Director of Health in bringing from the United States a person for appointment as district health officer when one or more persons eligible for said position are on the eligible list of the Civil Service Bureau is hereby disapproved.

Referring to that portion of the resolution of December 6, 1906, which reads:

Whereas, it appears that on August 20, 1906, Governor-General Ide, without reference of the matter to the Commission, telegraphed to Washington requesting that Dr. W. S. Washburn, Director of the Philippine Bureau of Civil Service, then in Washington, select a qualified person to fill the position of district health officer at the salary mentioned, in accordance with which Dr. Washburn selected Dr. Burdette, who arrived in Manila on December 3, 1906.

I find from an examination of the records that prior to this time no less than forty-seven officers whose appointment was necessarily made by the Governor-General with the approval of the Commission, had been brought from the United States without reference of the matter to the Commission, and that three such officers, including the present Acting Director of Health, and a district health officer, have since been so brought. *In no other case has such action been criticised or objected to by the Commission.*

Referring to that part of the preamble of this same resolution which reads:

Whereas, in view of the fact that the Philippine Commission finds that there are available, and were available at the time the telegram was sent to the United States for a district health officer, physicians who are eligible for appointment under the Civil Service Act and Rules and who it is believed are perfectly capable of filling the position of district health officer, it seems to the Commission that it would be not only unjust to these men, but contrary to the policy of the Government to send to the United States for a person to fill such position.

I have requested from the Director of Civil Service an expression of opinion as to whether, in bringing Dr. Burdette to the Philippines, there was any violation of the Civil Service Law or Rules or of any precedent thereunder, and have received the following reply:

[First indorsement.]

THE GOVERNMENT OF THE PHILIPPINE ISLANDS,
BUREAU OF CIVIL SERVICE,
Manila, October 10, 1908.

Respectfully returned to the honorable the Secretary of the Interior.

On August 17, 1908, the Director of Health made request on the Bureau of Civil Service for the appointment in the United States or one district health

officer at \$1,600 per annum. There being but one name on the health officer list of eligibles, to whose appointment objection had been made and sustained in accordance with civil-service rules, the request of the Director of Health was forwarded through the Secretary of the Interior to the Executive Secretary for transmission by cablegram. Cablegram was sent by Governor-General Ide on August 20, 1906. Dr. Benjamin L. Burdette was selected for appointment as health officer from the United States Civil Service Commission's register of eligibles, and on October 6, 1906, he signed the usual contract of appointment to the position of district health officer and was provisionally appointed by the Chief of the Bureau of Insular Affairs in accordance with specific authority contained in cablegram of the Governor-General of August 20, subject to all the provisions, requirements, and penalties contained in Act No. 1040. Dr. Burdette arrived in the Islands December 3 and reported to the Bureau of Health for duty December 4, 1906, and the Governor-General was so advised on that date. On December 6, 1906, the Philippine Commission passed a resolution declining to confirm his appointment. (See Executive Bureau file 92881.)

Referring to this resolution, it has not been the uniform practice in making appointments in the United States which require confirmation for the Philippine Commission to secure such confirmation before the Governor-General cables the Bureau of Insular Affairs to make selection and appointment. For example, on October 29, 1906, Governor-General Smith without submitting the matter to the Commission, on nomination of the Director of Health and concurrence of the Bureau of Civil Service, requested the appointment by cablegram of Doctor Zach M. Laughlin as health officer at a salary of \$1,800 per annum, subject to all the provisions, requirements and penalties of Act No. 1040. The questioning of the regularity of Dr. Burdette's appointment in the second paragraph of the resolution above mentioned is the only instance where the propriety of such action by the Governor-General has ever been questioned, so far as I am aware.

Referring to the third paragraph of this resolution, the Bureau of Civil Service having accepted as satisfactory the reasons given by the Director of Health for not appointing Dr. William S. Card, the only person whose name was on the physician register of eligibles in August, 1906, there was nothing in the Civil Service Act and Rules and no precedent to prohibit the appointment of an eligible in the United States. Paragraph 2, section 2 of Act No. 1487, provides that "Any regularly appointed person holding the office of president of a provincial board of health at the time of the passage of this act shall be eligible to appointment without examination to the position of district health officer during the period of two years from the date on which this act becomes effective." In this law no reference is made to the Civil Service Act; this paragraph does not, in terms at least, amend the Civil Service Act; no reference is made to civil service examination. The word "examination" therein might be construed to mean an examination held by the Director of Health. But if this provision of law was amendatory of the Civil Service Act, the mere fact of eligibility for reinstatement does not require the appointing officer to make appointment by reinstatement in preference to appointment from the register of eligibles. Under the law it appears to be entirely discretionary with the appointing officer as to which method of filling a position shall be adopted by him. If the provision of section 2 of Act No. 1487 had been mandatory it would have required the appointment of incompetent persons to the position of district health officer. Had the Director of Health considered any of those whose appointment was allowable, but not mandatory, by law to be competent to intrust with the very serious and important work of sanitation in large districts, recommendation would have been made for their appointment instead of bringing a health officer from the United States. In the exercise of the power conferred on nominating and

appointing officers they appear to have been governed wholly by the interests of the service in bringing health officers from the United States.

This provision of law (par. 2, sec. 2 of Act No. 1487) was probably repealed by Act No. 1698, effective August 31, 1907, but if not repealed it expired by limitation on July 1, 1908. Appropriation Act No. 1679, effective July 1, 1907, appears to have re-created the position of medical inspector; since that time the appointments as medical inspector of Doctors Henry O. Jones and Alexander S. Rochester have been made by the Director of Health and approved by the Secretary of the Interior in accord with the Civil Service Act and Rules, no confirmation by the Commission being required.

On December 19, 1906, the Commission reconsidered its resolution of December 6 and confirmed the appointment of Dr. Burdette by another resolution. *The action of the Director of Health in requesting the appointment in the United States of Doctor Burdette and others was perfectly regular and in accord with the Civil Service Act and Rules and with precedents, and in view of the fact that it was not incumbent upon the Director of Health to submit the proposed appointments to the Commission for action, it would appear that his action relating thereto was in no way blamable.*

The fact should not be overlooked that Doctor Burdette was entitled to preference in appointment under the provisions of section 19 of the Civil Service Act, he having been honorably discharged from the military service of the United States.

Ten American medical men having a regular status in the Bureau of Health have resigned since July 1, 1906, while only four, as stated above, have been appointed in the United States since that date.

W. S. WASHBURN,
Director of Civil Service.

Referring to that portion of the resolution of December 20, 1906, which reads as follows:

Resolved further, That the Director of Health be informed that the nomination of Dr. Burdette is confirmed solely on account of the expenditures already made and the obligations already incurred in bringing Dr. Burdette to these Islands under the circumstances above set forth, and for no other reason, and that the action and policy of the Director of Health in bringing from the United States a person for appointment as district health officer when one or more persons eligible for said position are on the eligible list of the Civil Service Bureau is hereby disapproved.

This is in effect a vote of censure upon the Director of Health for an act which was performed, not by him, but by the Governor-General of the Philippine Islands.

Dr. Heiser was, under the law, absolutely without power to appoint a district health officer much less could he bring one from the United States. The action censured was taken, not by him, but by the Governor-General and it was taken with the approval of the Acting Director of Civil Service and that of the Secretary of the Interior. If any one was to be censured it should, therefore, have been the Governor-General, the Secretary of the Interior, and the Acting Director of Civil Service rather than the Director of Health who acted in this matter with the full approval of all his superiors.

The Director of Civil Service in the communication above quoted

has clearly set forth the law, the rules and the precedents on this subject. Our civil-service system is supposed to be a *merit* system. I understand it to be the duty of the Civil Service Board to keep available the largest possible list of highly qualified candidates for positions in which vacancies exist or are likely to occur *and it is required that candidates to be certified be taken from the top of this list, not from the bottom.*

Section 1 of rule 5 of the Civil Service Rules reads as follows:

1. *The appointing officer shall make requisition upon Form No. 9 for the names of eligibles for the position vacant, specifying the duties of the position, and the Board shall certify to said officer from the proper register the three names at the head thereof which have not been three times certified to the office or branch of the service in which the vacancy exists.*

The resolution of December 20, 1906, in effect served notice on the appointing officer that if he did not take his nominees from the eligibles who had been at the very *foot* of a list until the list was completely exhausted, his appointments would be disapproved.

The action of the Commission, not being in accordance with the Civil Service Law or Rules, was binding on the appointing officer only through the fact that through the arbitrary use of the power conferred upon it by Act No. 1487, it could approve or disapprove the appointment of any district health officer.

It would clearly have been useless to attempt to strengthen the force of district health officers of these Islands by bringing appointees from the United States after the passage of this resolution and all effort to do so was necessarily abandoned for the time. I have not hesitated thus frankly to discuss the action of the Commission in this matter for the reason that its resolution of December 20, 1906, was given to the public press. Had I been in the Philippine Islands at this time I should have utilized the same medium for the expression of my views on the subject. I am of the opinion that that portion of the Commission resolution of December 20, 1906, which censures Dr. Heiser for his action in the Burdette case was unjust and should be repealed; and that this resolution, with that of December 6, 1906, have combined to discourage and drive out of the service efficient American medical officers and to prevent the appointment of efficient men in the their places.

At all events there has been a steady decrease in the number of American physicians in the service at Manila from 1902 until the present time as the following table will show:

Year.	Physicians.		Total.
	Amer- ican.	Phi- lino.	
1902	73	9	81
1905-6	19	5	24
1908	5	2	7

The force of "cholera experts" at Manila (see telegram on p. 115) now consists of five Americans and two Filipinos. The following is a sample of the urgent calls for assistance that have been received from the provinces:

SURIGAO, October 21, 1908.

SHEARER, Manila:

Please advise if launch *Bongao* has orders to proceed Hinatuan. Letter from American teacher reports situation grave municipal officials panic stricken hide in houses refuse to issue orders or anything police abandon their posts people run away neglecting their sick and refuse to bury the dead. Teacher states has taken charge and with aid of club manages to bury dead five or six daily can do nothing for sick no medicines no one with knowledge cholera this being first appearance in Hinatuan. If can secure *Bongao* governor doctor and Constabulary guard will proceed Hinatuan with supplies and medicine other communication four to ten days baroto travel dangerous this season disease also spreading dajacent islands answer.

GRAVES.

The reply which we were obliged to send to this communication was:

MANILA, October 21, 1908.

GRAVES, Surigao:

Bongao ordered Hinatuan via Surigao. Doctor Tacloban busy cholera Leyte.

CARPENTER.

Hinatuan is in a district which has a Filipino district health officer of its own and the request in this instance was that the American district health officer for Samar and Leyte should proceed to this place. The extent to which our "cholera experts" of Manila have been sent into the provinces since July, 1906, is shown by the table on page 109. On account of the very limited number of these men now in the service it is nevertheless usually necessary, as in the present instance, to turn a deaf ear to requests like this except when they come from provinces in the immediate vicinity of Manila, and even then the sending out of any one of the seven men on whom we are forced to depend in safeguarding the health of that city is often attended with serious risk.

ATTEMPTS TO SECURE REMEDIAL LEGISLATION.

The condition above outlined was that which confronted me upon return from leave of absence in the United States. Believing it to be intolerable, and fraught with the gravest danger I attempted to remedy it. The first step in this direction was to recommend to the Commission the reestablishment of the office of medical inspector for the employees in charge of hospitals or of the sanitation of the city of Manila. This recommendation was approved and was made effective in the appropriation bill for the fiscal year ending June 30, 1908. These positions were thus brought again under the control of the Director of Health and the Secretary of the Interior and section 1 of Rule 5, of the Civil Service Rules, which had in effect been annulled, so far as they were concerned, by

the resolution of the Commission of December 20, 1906, was again made applicable to them. However, the net result has been that of the very limited number of American officers remaining in the service on July 1, 1906, ten have since resigned. Four American medical officers have been appointed to positions thus vacated giving a net reduction of six.

The next step was to secure an amendment to Act No. 1487, authorizing the *temporary* transfer of district health officers upon approval of the Governor-General, and there the matter now rests.

I have no serious objection to the leaving of the establishing of health districts where it now is, in the hands of the Commission, but do object decidedly to that provision of the existing law which makes it necessary to secure the approval of the Governor-General before a district health officer may be transferred from one district to another even in meeting a great emergency. In view of the fact that up to the present time there has never been a single instance in which the Governor-General has failed to act favorably upon the recommendation of the Director of Health and the Secretary of the Interior relative to the temporary transfer of a district health officer, it would seem that this restriction is a needless one and only results in a waste of time.

The suggestion is made that the present system for the appointment and removal of district health officers, who are immediate subordinates of the Director of Health, but who may be appointed and removed only by the Governor-General with the approval of the Commission, is not conducive to good discipline for the reason that the officer directly responsible for our health policy and its results is without power to remove these subordinates and as this fact is well known to them less attention is paid to his instructions in many instances than would otherwise be accorded to them.

INSUFFICIENCY OF THE PRESENT FORCE.

Of the Bureau of Health force regularly employed by the Insular Government for work in the city of Manila, Dr. Victor G. Heiser, Director of the Bureau, and Dr. A. P. Goff, medical inspector, are absent from the Islands and the force actually available for duty is as follows:

Dr. Allan McLaughlin, Acting Director of Health;

Dr. H. E. Stafford, in charge of the Civil Hospital;

Dr. R. E. L. Newberne, in charge of the insane and lepers at San Lazaro Hospital;

Dr. W. A. Christensen, in charge of the sanitation of Bilibid Prison; and Doctors A. S. Rochester, B. J. Burdette, H. O. Jones, Paul Clements, Zach Laughlin, Luis Abella, and S. V. del Rosario, medical inspectors for

Manila. Leaving out of account the four men whose duties confine them strictly to institutions, there are supposedly available for the general work of sanitation and the combating of epidemic disease in Manila seven men of whom five are Americans and two are Filipinos.

Manila is a city of some two hundred and thirty thousand inhabitants and in order properly to deal with such conditions as existed during the last two weeks of September there should be available a force of at least fourteen medical inspectors, yet the fact is that not even the very limited force above enumerated is ever available for any length of time for the reason that it has proved necessary constantly to strip Manila of its few effective men in order that they might perform in the provinces work which others are employed to do.

The following table shows the occasions on which Medical Inspectors and Sanitary Inspectors regularly serving in Manila have been ordered to the provinces since July 1, 1906:

Name of health officer.	Districts sent to.	Dates.
Dr. Luis Abella, M. I.	Rizal, Cavite, and Bataan.	July 10, Oct. 3, 1906.
	Masbate, Romblon, and Mindoro.	Aug. 14, Oct. 4, 1906.
	La Laguna.	June 3, 1907; Jan., 1908.
	La Union, Zambales.	Jan., 1908.
	Rizal, Cavite, and Bataan.	Feb. 24, 25, 1908.
Dr. W. K. Beatty, M. I.	Pangasinan.	June 9, Aug. 20, 1908.
	Nueva Ecija.	June 11, Aug. 20, 1908.
Dr. B. L. Burdette, M. I.	La Laguna.	July 10-25, 1906.
	Pangasinan.	June 10-19, 1908.
Dr. Paul Clements, M. I.	Cavite, Rizal, and Bataan.	July 1, Aug. 21, 1906.
	Bulacan.	July 8, 9, 15, 29, 1906.
	Capiz.	Dec., 1906.
	Iloilo.	Sept. 12, 1907; Feb. 7, 1908.
	Rizal, Cavite, and Bataan.	Jan. 4, 5, Mar. 27, 28, 1908.
Dr. H. W. Elliot, M. I.	La Union, Zambales.	July 9-July 31, 1908.
	Pangasinan.	June 9, 1908.
	Mountain Province.	Oct. 8, 1908.
	Ilocos Norte, Ilocos Sur.	July 25-Sept. 26, 1906.
	Pangasinan.	June 11-July 9, 1908.
Dr. H. O. Jones, M. I.	La Union, Zambales.	July 9-Aug. 14, 1908.
	Iloilo.	Aug. 18, 1908.
Dr. Z. Laughlin, M. I.	Pampanga.	Oct. 27-Dec. 24, 1906.
	Bulacan.	July 2-13, 1906.
Dr. S. del Rosario, M. I.	Pampanga.	July 2-25, 1906.
	Nueva Ecija.	July 2, 1906.
Dr. M. C. Terry, M. I.	Tarlac.	July 2, 1906.
	Rizal, Cavite, and Bataan.	July 26, 1906.
	Batangas, Tayabas.	July 27-Oct. 1, 1906.
	Samar, Leyte.	Aug. 17-Sept. 28, 1907.
	Pampanga.	Nov. 15-Dec. 23, 1907.
C. Brantigan, S. I.	Bulacan.	Nov. 15, 1907.
	Bulacan.	Feb. 3, 1908.
	Pangasinan.	Feb. 6-July 9, 1908.
	La Union, Zambales.	Aug. 15, 1908.
	Ilocos Sur, Ilocos Norte.	Aug. 15, 1908.
O. R. Dexter, S. I.	Occidental Negros.	Nov., 1907.
	Rizal, Cavite, and Bataan.	Jan. 5-31, 1908.
	Masbate, Romblon, and Mindoro.	Feb. 6-Mar. 31, 1908.
	Rizal, Cavite, and Bataan.	Mar. 8, 1908.
	Occidental Negros.	May 1, 1908.
W. G. Hogle, S. I.	La Union, Zambales.	Sept. 10, 1908.
	Batangas, Tayabas.	July 21-Sept. 18, 1906.
Chas. T. Palmer, S. I.	Pangasinan.	July, 1908.
	Mountain Province.	Oct. 8, 1908.
Harry Percy, S. I.	Batangas, Tayabas.	Sept. 18-20, 1907.
	Benguet.	July 14-Aug. 20, 1908.

The force now available for work in the provinces is as follows:

Dr. J. W. Smith, in charge of the Hospital at Baguio, Benguet;

Dr. J. H. Biggar, in charge of the Culion Leper Colony;

Dr. B. L. Bunnell, assistant at Culion Leper Colony;

and the following district health officers:

Dr. Arlington Pond;	Dr. Telesforo Ejercito;
Dr. W. K. Beatty;	Dr. Mariano Felizardo;
Dr. G. J. Cullen;	Dr. V. de Jesus;
Dr. Florentino Ampil;	Dr. José Mascuñana;
Dr. Pablo Araneta;	Dr. Candido Mora;
Dr. P. Quisumbing;	Dr. Julio Ruiz;
Dr. D. Montinola;	Dr. A. Fernando;
Dr. Felix Bautista;	Dr. B. Torribio;
Dr. Luis Caballero;	Dr. F. Xavier;
Dr. Andres Catanjal;	Dr. R. Villafranca.

Omitting from this list the three men engaged in hospital work there remains in the provinces a regular force of three American and seventeen Filipino district health officers whose duty it is to bring about and perpetuate sanitary conditions among some seven and three-quarters millions of Christian and non-Christian inhabitants.

PRESENT AUTHORIZED FORCE.

Dr. Heiser inserted in his estimate of the appropriation needed for the Bureau of Health a request for the present fiscal year for thirteen medical inspectors at ₱4,000 per year each. In the compromise bill finally passed by the Assembly and Commission these positions were included and when they have been filled there will be a fairly adequate force available for safeguarding the health of Manila in emergencies, while under ordinary circumstances several medical inspectors can be assigned to perform special work in the provinces or to assume the regular duties of district health officers.

This fact is of especial importance as the civil service list of Filipino eligibles for appointment as district health officers is entirely exhausted and with two or three exceptions the salaries now authorized for district health officers are not such as to make it possible to secure eligibles from the United States.

SALARIES PAID TO AMERICANS AND TO FILIPINOS.

Although the contention has sometimes been advanced that the salaries paid to American officers of the Bureau of Health were excessive, while those paid to Filipinos were inadequate, attention is invited to the fact that from December 2, 1901, when the Act providing for the establishing of provincial boards of health was passed until the present date, thirty-

five American health officers have voluntarily resigned. There is on record but one case of a Filipino president of a provincial board of health, district health officer, or medical inspector, who has voluntarily resigned his position and this man resigned in order to run for governor of his province. I do not include as voluntarily resignations those of a few men who have endeavored by resigning to escape the necessity for replying to charges preferred against them with a view to their removal. Filipino district health officers and medical inspectors are in their own country where they can live far more economically than can Americans. They are without exception receiving salaries greatly in excess of any that were obtainable under Spanish rule. That these salaries are sufficient is shown by the extreme reluctance of their recipients to be parted from them. The inadequacy of the smaller salaries paid to American health officers is shown by the fact that men with families can not live upon them and in consequence a number of our most efficient medical inspectors have been lost to the service.

CERTAIN DEFICIENCIES OF FILIPINO HEALTH OFFICERS.

Our Filipino health officers without exception lacked, at the outset, the special training required properly to prepare them for combating epidemics and carrying on general sanitary work. I am glad to be able to state that several of them, profiting by the practical instruction that they have received in the provinces and in Manila, have become very efficient, but many of them when called upon to combat epidemic disease have proved completely powerless, as the cholera statistics conclusively show.

Furthermore I regret to state that other difficulties have been experienced in dealing with not a few of them. Their nature will be appreciated from the following correspondence:

A DISTRICT HEALTH OFFICER ASKS FOR ACCRUED LEAVE WHILE FIGHTING CHOLERA, WITH NO SUBSTITUTE AVAILABLE.

[Telegram received. (Translation.)]

AUGUST 30, 1907. Mandaon, via Milagros, August 28, 1907.

HEALTH, Manila:

Arrived 27 morning 17 deaths cholera since 9 desire approval appointment sanitary officer authorized province Lucas Lagari came with me.

RUIZ.

9.35 a. m., 30th.

[Telegram received. (Translation.)]

MANDAON (via MILAGROS), August 31, 1907. Filed Sept. 1, 1907.

HEALTH, Manila:

Days 28 one case one death; 29 no case one death; 30 two cases one death. Municipality does not furnish personnel vigilance impossible isolation focus.

RUIZ.

1.47 p.

[Telegram received.]

MASBATE, *September 1, 1907.*HEISER, *Manila:*

Found Dr. Ruiz at Mandaon. Seventeen deaths to date. Barrios quarantined against center of town. Municipal authorities doing nothing and Ruiz not even furnished men to bury dead. Have shaken things up.

WORCESTER.

8.03 a. m.

MANDAON, SORSOGON, *September 11, 1907.*

Ruiz wires:

"I rectify previous telegram. 811, 920, 1002. Municipality incompetent to enforce orders. There was a case yesterday in front presidencia building which was secreted until death. I will appreciate help of ten constabulary."

[Telegram received. (Translation.)]

MANDAON (via Milagros), *September 18, 20, 1907.*HEALTH, *Manila:*

16 one case one death 17 two cases one death I continue alone with provincial sanitary inspector for all work infected houses without guard. The quarantined go out for their needs. Not possible thus to localize the evil. Labors in vain. President does what possible but there are no people even to get water for disinfections. Councilors little active. If situation continues fatigue will overcome us. Order necessary obliging people voluntarily to aid. No one wants to; if they come, they soon make away.

RUIZ.

[Telegram received. (Translation.)]

SEPT. 24, 1907. Mandaon (via Milagros), Sept. 23, 1907.

HEALTH, *Manila:*

18 one one. 19 two zero. Twenty two one. 21 two one. 22 nothing. One pump useless. Sublimate received is powder send tablets.

RUIZ.

[Telegram received. (Translation.)]

MANDAON (via Milagros), *Sept. 28-Oct. 2, 1907.*HEALTH, *Manila:*

Five years without accumulated leave desire to enjoy it November. For this I must embark in Masbate October 16 on the Carmen the only boat which will leave there the first. Can bring a relief. Earnestly beg your approval. Await reply. Carbolic used up.

RUIZ.

[Telegram sent.]

MANILA, Oct. 2, 1907.

RUIZ, *Mandaon, (via Milagros, Masbate)* :

No leave can be granted you until cholera has been completely exterminated.

HEISER.

Official Business.

VICTOR G. HEISER, *Director of Health.*

October 2, 1907.

Dr. JULIO RUIZ,

District Health Officer, Mandaon (via Milagros), P. I.

SIR: I have the honor to acknowledge receipt of your telegram of September 28, requesting leave of absence. As this telegram concerned your personal affairs it has been recommended to the Executive Secretary that payment from provincial funds be disapproved. *It is not understood why you have not reported the cholera situation in Mandaon instead of sending a rush telegram at Government expense requesting permission to abandon your duties at a critical time.*

An explanation of your conduct is requested.

Respectfully,

[Initialed] V. G. H., *Director of Health.*

In this instance the district health officer, Dr. Ruiz, applied for *leave* when combating a serious cholera epidemic with no one available to take his place. The reasons assigned by him for such a course were *that the necessity of living on chickens and boiled rice was making him sick and that he had long planned to take his vacation at that time.*

A DISTRICT HEALTH OFFICER DESERTS HIS POST AT THE LEPER COLONY.

[Translation.]

CULION, December 6, 1907.

DIRECTOR OF THE COLONY.

SIR: On the 25th of November, 1907, the Director of Health, Dr. Heiser, arrived in this colony, with whom I had an opportunity of conferring for the purpose of stating to the said doctor, as I did frankly, that it was not suitable to me to continue working in this colony for the salary of \$1,200 a year and of requesting him to allow me to leave Culion the following day on board the *Basilan*, which was the steamer on which the above-mentioned Director of Health came, and he replied to me that I should think it over before taking the said determination.

On the night of the said day, November 25, I went aboard the *Basilan* where Dr. Heiser was at the time, to communicate to him my last determination, as in fact I did, and which was to take passage on that steamer on the following day, because, I again repeated to him, it was detrimental to my interests to continue working in Culion for the salary paid me; to which Dr. Heiser replied that within ten days subsequent to my departure from Culion he would send another physician and that I could take passage on the same steamer on which the man who would relieve me was to come. On these conditions I assented to stay, continuing to render my services in the hospital of this colony, to the detriment of my interests on account of my being unable to leave Culion at once.

On this date, December 6, 1907, the ten days have elapsed within which Dr. Heiser promised me he would send a man to relieve me, and the latter not having arrived in this colony, I am of the opinion that from this date, the 6th, I am relieved from responsibility and from the services that I am rendering in the hospital of this capital, and I beg you, Mr. Director, kindly to take charge of this hospital from this date, for, in order not to continue harming my interests, it is my determination to depart from Culion on the first favorable opportunity that presents itself, to go to Manila where my wife, moreover, is in quite delicate health.

Very respectfully,

D. MONTINOLA,
District Health Officer.

[First indorsement.]

CULION LEPER COLONY DIVISION,
Culion, P. I., December 6, 1908.

Respectfully forwarded to the Director of Health.

After repeated conversations with Dr. Montinola, since the recent visit of the Director of Health to this colony, regarding the matter of the within communication, he leaves his assignment here against my protest, and without permission, or being relieved by the Director of Health, this to the prejudice of the service.

Dr. Montinola's services here have been exceedingly satisfactory, and it is with regret that it becomes necessary to report this insubordination.

J. H. BIGGAR.
Chief, Culion Leper Colony Division.

[Second indorsement.]

MANILA, P. I., *December 12, 1908.*

Respectfully forwarded to the honorable the Secretary of the Interior, through the Director of Civil Service, inviting attention to within communication and to the preceding indorsement.

It is true that on November 25 the Director of Health stated to Dr. Montinola that he would send someone to relieve him on the first boat that sailed from Manila to Culion. In view of the fact that no boat has left Manila for Culion since this statement was made to Dr. Montinola, it is evident that he left before he knew whether the Director of Health would keep his promise. As a matter of fact, the services of Dr. G. L. Bunnell were secured, and he was actually awaiting transportation to Culion at the time that Dr. Montinola left.

It might be further stated that prior to the occurrence of the foregoing incident, it was well known to the Director of Health that Dr. Montinola did not care to serve at Culion, and on this account every reasonable effort was made to secure the services of a competent Filipino physician. Several such men accepted the nomination, but when the day came for the vessel to sail for Culion, they declined to go. In view of these circumstances, over which the Director of Health had no control, the wish of Dr. Montinola that he be relieved from duty at Culion immediately could not be complied with.

It is ordinarily not considered very creditable for even a layman to leave a position of confidence and trust without giving adequate notice in advance; but it is absolutely inexcusable for a medical man to leave his post of duty, and more especially when by so doing he deserts a number of poor, sick unfortunates, who are dependent upon him for medical care and attention. Moreover such conduct is a serious breach of professional etiquette.

In view of the foregoing, it is evident that disciplinary measures are urgently demanded, and therefore the undersigned recommends that one month's accrued leave be deducted from any accrued leave which may be due Dr. Montinola, and, in addition, he be considered off duty without pay from the time he left Culion until he is assigned to another station, and that no traveling expenses be allowed him since he left Culion.

VICTOR G. HEISER, *Director of Health.*

MANILA, P. I., December 26, 1907.

Dr. D. MONTINOLA, *District of Health Officer, Manila.*

SIR: You are hereby informed that your action in leaving the Culion leper colony without permission, thereby deserting a number of sick patients of which you had medical care, is considered to be a most disgraceful act and one which should have merited your removal from the service; but in view of your satisfactory work at Culion prior to this occurrence, I have to inform you that you will be given an opportunity to redeem yourself. But so flagrant a violation of professional conduct can not be passed by without necessary disciplinary measures, so that you are respectfully informed that the Director of Civil Service and the undersigned have recommended, and the honorable the Secretary of the Interior has approved, that you be granted no accrued leave of absence for any service prior to the time of your leaving Culion, or, in lieu thereof, that you be fined one month's pay, and in addition, that you receive no salary from the time you left Culion until you reported at your new station, and that you be not allowed any traveling expenses in the meantime.

Letter directing you to your new station is forwarded herewith.

Very respectfully,

[Initialed] V. G. H., *Director of Health.*

In this case District Health Officer Montinola, who had become panic-stricken from being among lepers at the Culion Hospital, deserted his post, leaving the hospital full of sick persons when there was not sufficient help available to give them proper attention after his departure.

A CHOLERA EXPERT REQUESTED WHEN THE REGULAR DISTRICT HEALTH OFFICER WAS ON DUTY.

[Telegram received.]

MANILA, April 23, 1908.

HEISER, *Baguio:*

Following telegram received from provgov Capiz quote. Proboard believes services cholera expert necessary prevent general epidemic municipality Sapián forty cases twenty-nine deaths Ivisan twenty-two cases twenty deaths Capiz three cases two deaths. Take up with bureau health. End quote.

CARPENTER.

APRIL 28, 1908.

SIR: I have the honor to quote for your information and such other action as you may deem necessary the following telegram just received from the provincial governor of Capiz, in reply to one sent to him inquiring as to whether

the district health officer is unable to handle the cholera situation in the province in view of the request for a cholera expert:

"[Translation.]

"We are satisfied work health officer, but in agreement with him request cholera expert to assist him same as other years."

Very respectfully,

F. W. CARPENTER,
Executive Secretary.

To the DIRECTOR OF HEALTH, *Manila.*

[First indorsement.]

BUREAU OF HEALTH,
Manila, P. I., April 29, 1908.

Respectfully returned to the Executive Secretary, with the information that on April 26, 1908, District Health Officer Araneta was directed to proceed to Capiz to aid in the eradication of cholera from that place.

VICTOR G. HEISER, *Director of Health.*

MANILA, P. I., *June 5, 1908.*

The DISTRICT HEALTH OFFICER, *Capiz, Capiz.*

SIR: It has been noted with each report that cholera still exists in your province and that the average number of cases reported daily in the town of Capiz has not varied for many weeks. An explanation is requested as to why a more effective campaign against this disease can not be inaugurated. It would seem that, with the large number of men and funds at your disposal, better results should have been obtained to date.

Very respectfully,

[Initialed] V. G. H., *Director of Health.*

A DISTRICT HEALTH OFFICER REFUSES TO OBEY AN ORDER TO GO TO A CHOLERA-SMITTEN TOWN, BECAUSE HE HAS THE ITCH.

[Telegram sent.]

MANILA, *January 17, 1908.*

Dr. EJERCITO, *San Fernando, Union:*

Governor Zambales reports cholera San Narciso. Proceed immediately take charge situation. Answer.

HEISER.

[Telegram received. (Translation.)]

SAN FERNANDO, UNION, *January 17, 1908.*

HEALTH, *Manila:*

Am sick. Impossible for me to travel.

EJERCITO.

[Telegram sent.]

MANILA, *January 22, 1908.*

Dr. EJERCITO, *San Fernando, Union:*

When will you be ready for duty?

HEISER.

[Telegram received. (Translation.)]

SAN FERNANDO, UNION, *January 23, 1908.*

DIRECTOR HEALTH, *Manila:*

Have itch; am making house my office. Shall advise when cured.

EJERCITO.

Comment on the action of a district health officer who refused to obey orders to proceed to a cholera infected town *because he had the itch* would seem to be entirely superfluous.

THE "DELICATE HEALTH" OF A DISTRICT HEALTH OFFICER INTERFERES
WITH THE DISCHARGE OF HIS DUTIES.

MANILA, P. I., *August 27, 1908.*

Dr. FÉLIX BAUTISTA, *Malolos, Bulacan.*

SIR: With regard to the matter of suppressing cholera in the Province of Bulacan, I have the honor to request that you employ a sufficient number of sanitary inspectors to accomplish this object. The provincial board has been instructed by the Executive Secretary to furnish you every assistance.

I wish also to emphasize the necessity of impressing upon the municipal presidents that any work done by the provincial inspectors is to be considered as a reinforcement of the work already being done by the municipal authorities; in other words, the municipal authorities are to continue to do all they are now doing, and even after the disappearance of cholera in their municipalities, they must not relax their vigilance until all possibilities of reinfection have disappeared.

Very respectfully,

[Initialed] A. J. McL., *Acting Director of Health.*

DEPARTMENT OF THE INTERIOR,
BUREAU OF HEALTH FOR THE PHILIPPINE ISLANDS.

[Telegram sent.]

MANILA, *September 8, 1908.*

BAUTISTA, *Malolos:*

Valuable time lost. Employ authorized sanitary inspectors immediately. Place ten Obando. Inspect each house every day. Find all live cases. You must stop further infection. Has Obando pumps and disinfectants. Your province worse than before. Waste no more time. Acknowledge.

McLAUGHLIN.

Official business:

A. J. McLAUGHLIN, *Acting Director of Health.*

Office Mail. Copy.

[Translation.]

THE PROVINCIAL GOVERNMENT OF BULACAN,
MALOLOS, P. I., *September 8, 1908.*

SIR: I have the honor to acknowledge receipt of your telegram received at this hour, 3.50 p. m., and to inform you that already ten sanitary inspectors have been assigned to Obando who will be inspecting that pueblo daily which has

been divided into ten districts, one for each of the said inspectors. There is a large quantity of disinfectants and only a pump is needed which several weeks ago was ordered from the provincial treasurer; however, the lack of the pump has been made up for by another means.

Rest easy that I will do all that is possible to the end that the infection in this province disappear within a brief space of time so that your desire may be obtained or realized *even at the sacrifice of my delicate health.*

Very respectfully,

FÉLIX BAUTISTA,

Chief District Sanitary Inspector, Malolos, Bulacan.

Hon. ACTING DIRECTOR OF HEALTH, Manila, P. I.

MANILA, P. I., September 9, 1908.

The DISTRICT HEALTH OFFICER, *Malolos, Bulacan.*

SIR: In reply to your letter of September 8 in which you speak of sacrificing your delicate health, *you are directed to inform this office immediately if your delicate health prevents the performance of your full duty, impairs your efficiency, or is responsible for the prolonged existence of cholera in Bulacan Province. If you are unable to display the activity and energy necessary at this time, you should wire this office immediately in order that a man who is able to display the required amount of activity and energy may be sent in your stead.*

Very respectfully,

A. J. McL.,

Acting Director of Health.

A DISTRICT HEALTH OFFICER DESERTS HIS POST UPON THE APPEARANCE OF CHOLERA.

[Telegram received. (Translation.)]

TAGUDIN, September 2, 1908.

HEALTH, Manila:

My wife seriously ill Cervantes would like to attend her. Cholera up to present 2 and 0.

CRISOLOGO.

4.50 p. m.

[Telegram sent.]

MANILA, September 3, 1908.

CRISOLOGO, *Tagudin, Ilocos Sur:*

Who is in charge of cholera work Tagudin. Maintain quarantine trails from Ilocos to Cervantes. Proceed Cervantes if doctor in Tagudin.

McLAUGHLIN.

Official business:

MYRON H. CHANDLER, *Chief, Clerical Division.*

[Telegram received.]

CERVANTES, September 4, 1908.

HEALTH, Manila:

Sanitarios only are in charge of cholera work.

CRISOLOGO.

[Telegram sent.]

MANILA, September 4, 1908.

CRISOLOGO, *Cervantes*:

By what authority did you leave Tagudin. Return immediately take charge cholera.

McLAUGHLIN.

Official business:

A. J. McLAUGHLIN, *Acting Director of Health*.

[Telegram received.]

TAGUDIN, September 4, 1908.

HEALTH, *Manila*:

Request American doctor for Amburayan. Three townships report cholera. Provincial doctor in Cervantes, no medicine.

Lt. Governor EVANS.

11.48 a. m.

[Telegram sent.]

MANILA, September 4, 1908.

EVANS, *Tagudin*:

Prodoctor left Tagudin without authority. Ordered return immediately.

McLAUGHLIN.

Official business:

A. J. McLAUGHLIN, *Acting Director of Health*.

[Telegram received at Manila, P. I. Rush.]

TAGUDIN, September 5, 1908.

ACTING DIRECTOR HEALTH, *Manila*:

Think you had better send someone here immediately to assist Lieutenant-Governor Evans in keeping cholera from spreading to Igorot barrio. Your health officer here is perfectly worthless and has abandoned his post and gone to Cervantes. Suspend your health officer here and inform him that I will immediately prefer charges against him requesting his removal for cause.

WORCESTER.

8.59 a. m.

[Telegram sent.]

MANILA, September 5, 1908.

CRISOLOGO, *Cervantes, Lepanto-Bontoc*:

You are suspended from duty pending immediate charges by Secretary of the Interior requesting removal for cause.

McLAUGHLIN.

Official business:

MYRON H. CHANDLER, *Chief, Clerical Division*.

[Telegram received.]

CERVANTES, September 5, 1908.

HEALTH, Manila:

Leave immediately for Tagudin.

CRISOLOGO.

9.55 a. m.

In this instance the district health officer made a false statement as to the cholera situation and then deserted his post without waiting for a reply from Manila. While it is true that his wife was ill her condition was not such as to justify this action on his part.

A DISTRICT HEALTH OFFICER WHO DID HIS DUTY.

Over against such conduct as that of this man I take pleasure in placing that of Dr. Candido Mora who, although in danger of losing the sight of one eye for lack of the necessary surgical attention, and wretchedly ill from another cause, stuck to his post without complaint or request for relief until ten days after the occurrence of the last case of cholera in his district. On the strength of his record he will be promoted to a position as medical inspector.

A DISTRICT HEALTH OFFICER FOREGOES TAKING LEAVE IN ORDER TO
FIGHT CHOLERA.

Dr. Vicente de Jesus had come to Manila with the expectation of going on leave at the time the cholera situation in Pangasinan became critical. He was sent first to that province and subsequently to other provinces where emergencies existed and has performed cheerfully, faithfully, and efficiently the services asked of him although this special work has taken him outside of his health district and has occupied time which he had planned to spend in another way.

SUMMARY OF THE SITUATION AS REGARDS FILIPINO DISTRICT HEALTH
OFFICERS.

When properly trained, Filipino district health officers have an immense advantage over Americans on account of the familiarity which they usually possess with the language, customs, and peculiarities of the people among whom their work must be carried on. In general, however, it must be said, that with individual exceptions, they are deficient in energy, executive ability and in a proper sense of devotion to duty. Many of them are strongly inclined to interest themselves in politics to the great detriment of their work and most of them are disinclined to obey orders promptly and cheerfully if directed to proceed to some province more or less remote from that in which they happen to wish to reside. In not a few instances they have displayed signal cowardice when confronted with epidemics of contagious disease.

Since Dr. Montinola fled, panic-stricken, from his post it has proved

impracticable to find a single Filipino physician willing to accept appointment at the Culion leper colony and to continue to serve his own countrymen there. The work for lepers at this place is performed exclusively by American physicians and hospital stewards, Spanish and American Jesuit priests and French Sisters of Charity.

I believe that the young men now being trained in medicine and surgery at the Philippine Medical College and at the University of Santo Tomas will be not only far better equipped as regards technical training than are most of our present district health officers but imbued with a proper sense of the responsibility to the sick and to the public at large which necessarily rests upon those to whom is given the right to practice medicine and surgery. These young men should be given practical experience at Manila in sanitary work as a part of their regular course of study. Upon their graduation they should be appointed as sanitary inspectors or municipal health officers and after having gained the necessary practical experience should be given an opportunity to display executive ability. Those who demonstrate that they possess it should be promoted to more responsible positions as rapidly as vacancies occur. In this way we may hope ultimately to build up a thoroughly efficient force.

Let it not be imagined that this belief is idle optimism. I base it, in a large measure, on the admirable spirit shown by the students from the Philippine Medical College and from Santo Tomas University and on that displayed by the four young Filipina nurses from the Normal School, who volunteered for duty at the San Lazaro cholera hospital and who, with the dead and dying all about them, rendered coolly and efficiently disgusting services for which money could not adequately pay them, *in the full knowledge that the least carelessness or neglect in the matter of disinfecting their own persons would be likely promptly to change their status from that of cholera attendants to that of cholera patients!*

I do not need to be told how these young men and women performed their work because I watched them not only by day, when they knew that they were under observation, but in the small hours of the night when they could have had no knowledge of my presence.

Among the many pitiful and tragic scenes impressed upon my mind is that presented by a poor old wreck of a beggar woman delirious and constantly starting up and trying to leave her bed but calmed, restrained and made to lie down again by a Filipino boy of excellent family who treated her as gently and considerately as if she had been his own mother.

The young men and women who did this work showed that spirit of self-sacrifice and devotion to duty which Americans are accustomed to associate with the practice of the professions of physician and nurse. When to the spirit already displayed by these young men and women there have been added the necessary years of instruction and experience,

then and not until then will it be possible to discontinue the bringing of physicians and nurses from the United States to perform the work imposed by law and by duty upon the Bureau of Health.

WHAT THE BUREAU OF HEALTH HAS ACCOMPLISHED AND WHAT IT HAS
FAILED TO ACCOMPLISH.

The force of health officers heretofore available has proved sufficient rapidly to push through three great sanitary reforms, namely the complete elimination of bubonic plague from the Philippine Islands, the rapid segregation of lepers and the vaccination of almost the entire population of the Islands against smallpox. The practical results of the latter work are exemplified if we compare the deaths from smallpox at Manila for the past six years with those which occurred from 1891 to 1896, inclusive:

	Deaths.		Deaths.
1891	359	1903	23
1892	51	1904	29
1893	863	1905	2
1894	926	1906	5
1895	13	1907	1
1896	488	1908	116
Total	2,700	Total	176

The figures for the period from 1891 to 1896 are taken from the church statistics for a part of the city of Manila only and are therefore not complete.

The force available has furthermore been able to prevent any general epidemic of cholera in Manila but *it has proved grossly inadequate materially to improve other sanitary conditions in the provinces or effectively to prevent the spread of cholera there.* In the effort to strengthen the provincial force and to meet disastrous conditions in the provinces Manila has again and again been stripped of its available men with the result that cholera has for brief periods become epidemic and has then been brought under control only by the most strenuous efforts on the part of a force wearied almost to the point of collapse by the uphill struggle in the provinces, aided by every other man who could be obtained from any source whatsoever.

THE SCANTY FORCE OF THE BUREAU OF HEALTH MAKES IT NECESSARY TO
CALL ON OTHER BUREAUS FOR PHYSICIANS.

During the present epidemic it has been necessary to call on the Bureau of Science and the Philippine Medical School for reënforcements.

ASSIGNMENT OF BUREAU OF SCIENCE MEN.

Dr. Richard P. Strong, Director of the Biological Laboratory, was assigned as attending physician at the Mary J. Johnston Hospital, used for cholera cases.

Doctors Oscar Teague and Fred B. Bowman were assigned to duty at the same institution.

Dr. Vernon L. Andrews was assigned to duty at San Lazaro Hospital as was Mr. N. T. Clegg.

ASSIGNMENT OF PHILIPPINE MEDICAL SCHOOL MEN.

Dr. Philip K. Gilman, in charge of the San Lazaro cholera hospital.

Dr. Potencio Guazon, on duty at the San Lazaro cholera hospital.

Dr. Ariston Bautista-Lin, on duty in the afternoons at the San Lazaro cholera hospital.

RESULTING INTERRUPTIONS TO WORK.

While under the circumstances it was fortunate that the Bureau of Health could draw on the Bureau of Science and the Philippine Medical School for experts at this time it is greatly to be regretted that it was necessary to do so.

The interruption to the work of the Medical School was perhaps, on the whole, not serious as the young men sent to the hospital had an opportunity while there to gain valuable practical experience, but the calling away from the regular work of the laboratory of practically the entire force was greatly to be regretted as there have arisen in connection with this epidemic biological problems of great importance which demanded immediate investigation.

THE DISCOVERY OF BACILLI CARRIERS AT MANILA DURING THE EPIDEMIC OF 1908.

The not infrequent occurrence of cases of cholera in Bilibid Prison when every possible precaution had been taken to safeguard the food and drink of the prisoners, led to the suspicion that there might be persons who were infected with cholera vibrios without being ill and that they were disseminating infection which was proving fatal to others. By direction of the Acting Director of Health, two hundred and sixty-four convicts were accordingly examined with the result that cholera vibrios were found in the stools of seventeen of them. These organisms were typical and were conclusively demonstrated to be virulent.

Similar examination of three hundred and seventy-six residents of Meisic, one of the worst infected districts of the city, showed cholera vibrios present in twenty-seven, or 7.18 per cent, of the cases. Here then was a hidden source of active infection beyond the reach of disinfectants. It should have been possible to put a large part of the force of the Biological Laboratory on the work of discovering these bacilli carriers so that they might be treated until they were freed from cholera vibrios, and to the end that the question of whether the lack of symptoms of cholera in such cases is due to natural immunity to the disease or to the swallowing of attenuated cholera organisms which have become virulent in

passing through the intestines. It is feared that by the time the laboratory force can be spared from other and more immediately pressing work for this investigation, the opportunity for it will have passed through the disappearance of the material, as happened in Germany.

IS CHOLERA ENDEMIC IN THE PHILIPPINES?

In view of the established facts we must admit not only that it is but that it has long been so. I have already had occasion to refer to the Memoir of Dr. Francisco Masip y Valls which was written in 1889 but was not published until 1896 and even then appeared with a preface entitled "Informe Sobre Esta Obra Emitido por la Universidad de Manila," in which the medical faculty of that institution severely criticise the able author and rather fiercely attack some of his conclusions which in point of fact were unassailable. Among other statements Dr. Masip y Valls makes the following:

Previous to our being so fortunate—or unfortunate—as to be eyewitnesses of the ravages of cholera morbus in the Philippine Islands, we eluded with well-founded prudence the admission of a certain belief regarding its pathogenesis; but now we should proceed in quite a different manner in judging the data and facts regarding which we can give full evidence, inasmuch as the culminating events which developed in our sight, all authorize us to declare that the epidemic which occurred in the pueblo of Taytay, in the District of Morong, in the year 1883, and which did not spread beyond the confines of that locality, was due to the revivication of the germs of the epidemic that had been general throughout the Archipelago during the preceding year, just as cholera morbus of 1888 was generated at Taytay under identical conditions and spread forthwith from this center of infection to other places in these Islands which suffered from the disease in an endemo-epidemic form.

With regard to this country, we can state that the sanitary conditions of the town of Taytay are of the worst possible and therefore are of the most favorable in order that, as Dr. Marchal said in 1866, "the specific cause of cholera, which dwells in the malarial maïsma exclusively, raised to its highest potency, may live in it like ferments, and, like them, multiply and develop." (Marchal, *Lettres et propositions sur le choléra*, 1866.) Taytay is situated in a depression, bounded on one side by the Antipolo Mountains and on the other by the immense lake called the "Laguna de Bay," near the place where it drains into the Pasig River, a stream as muddy as the Nile, the Ganges, or the Mississippi. The soil of the town and its surroundings is made up of alluvial deposits which are exceedingly favorable to all sorts of organic fermentations of a putrid character when the periodical inundations increase the foul growths. It has been at all times a permanent dumping-place for filth and animal and vegetable offals, the refuse of human life, which has the privilege of converting the soil into a focus of deleterious emanations that maintain proteiform intoxication in an endemo-epidemic form in that region. On the other hand, the inhabitants are exceedingly poverty stricken and dirty, are very poorly nourished, and use brackish water which they get from ill-conditioned and worse kept wells. In some parts of the town proper the people live too close together and their traditional indolence and apathy does not permit of their having any other occupation than that of doing nothing.

To conclude: I maintain my belief that the cholera has been and can be generated in the Philippine Islands by importation, but it can also originate—and actually has originated—in this very soil, which we may call a secondary focus of the Asiatic cholera morbus. I base this opinion on the fact that it has already been demonstrated that soil like that of Taytay is capable of sustaining and propagating morbid causes analogous to those proper and peculiar to the places bathed by the Cambodia and, we might even say, to the rectangle formed in the Sunderbunds by the great rivers Brahmaputra and Ganges.

Interesting confirmation of the belief of Dr. Masip y Valls that cholera originated at Taytay in 1883 and 1888 is furnished, so far at least as concerns the latter epidemic, by certain newspaper criticisms. The press of that period contended, as did the press in 1902, that the “prevailing ailment” could not be cholera, a reason assigned being that its spread was less rapid and the mortality lower than had been the case during previous epidemics of cholera in the Philippines and in Europe; another was that some of the sick had fever while others were cold when they died; and finally it was said “a disease which had its origin in the midst of an interior province, the District of Morong, without direct communication with any marine port can not be cholera because no one could have transported germs thither from without, without first leaving them in the coast towns.”

Let us remember that the epidemic which is variously stated to have begun in 1817, 1819, and 1820 at all events continued during the years of 1821–22–23 and 1824; that there were epidemics in 1830, 1842, 1854, 1863–1864 and 1865, 1882, 1885 and 1888–1889; that on one day during the epidemic which began in 1882 the number of deaths in Manila was 34 times the largest number that has occurred on any one day since the American occupation. Remembering, too, that the reporting of Asiatic cholera as such was prohibited during the greater part of the period from 1883 to 1897, inclusive, let us give due attention to the following table showing in summary form the deaths recorded in the churches of a part of the territory now constituting the city of Manila, due to cholera or to some disease closely resembling it:

Year.	Enterocolitis and gastro-enteritis.	Cholera.	Deaths.
1883	878	500	1,378
1884	70	4	74
1885	104	8	112
1886	240	8	248
1887	394	4	398
1888	479	183	612
1889	487	595	1,082
1890	616	6	622
1891	488	2	490
1892	715	0	715
1893	708	0	708
1894	665	0	665
1895	954	1	955
1896	1,106	0	1,106
1897	791	4	795
Grand total	8,690	1,265	9,955

Passing over the years from 1898 to 1901, inclusive, during which the existence of war, the withdrawal of the Spanish forces and the somewhat tardy reoccupation of the territory which they abandoned by the American forces, have rendered it impossible to get any record, let us remember that cholera in severe epidemic form appeared at Manila on March 20, 1902, and that it is known to have continued to occur either in Manila or in the provinces ever since except for the period, from March 23, 1904, to August 20, 1905, and that from April 27 to July 23, 1907.

Remembering that it is not certain that the infection of 1902 was imported from without; that the 1905 epidemic apparently originated in the vicinity of Taytay as did previous epidemics in 1882, 1888 and 1889, and that the cholera which appeared in the Visayan Islands in 1906 and that which appeared at Iloilo in September, 1906, and that which appeared at Capiz in April, 1908, were never traced to any outside source, let us clearly face the inevitable conclusion that cholera has been endemic in the Philippines during much, if not all, of the time from 1882 to the present day, and probably for a much longer period.

Table showing the total number of cholera cases and deaths since the American occupation.

Epidemic.	Cases.	Deaths.
Manila:		
March 20, 1902, to March 23, 1904	5,581	4,886
August 23, 1905, to March 21, 1906	288	248
May 8, 1906, to November 27, 1906	820	717
July 13, 1907, to March 18, 1908	426	361
June 8, 1908, to October 24, 1908	858	572
Total for Manila	7,963	6,279
Provinces:		
March 23, 1902, to March 8, 1904	160,671	105,075
August 20, 1905, to April 23, 1907	12,326	9,128
July 22, 1907, to October 19, 1908	21,212	18,635
Total for the provinces	194,209	127,833
Total for Manila	7,963	6,279
Grand total	202,172	134,102

LITTLE DANGER FROM CHOLERA TO THOSE WILLING TO TAKE ORDINARY PRECAUTIONS.

Of the 202,172 cases and 134,102 deaths which have occurred in the Philippines from cholera since the American occupation only 248 cases and 124 deaths have been among Americans and this in spite of the fact that during much of this time there have been a large number of American soldiers in the Islands. It would be impossible to give a more conclusive demonstration of the fact that both in Manila and the provinces the danger of infection with cholera is very slight for persons who are willing to take the trouble to observe ordinary precautions.

SUMMARY AND CONCLUSION.

I have endeavored to show that Asiatic cholera has long been endemic in the Philippine Islands. While this condition of affairs continues it will doubtless from time to time become epidemic. What then are we to do?

Climatic and topographical conditions are unquestionably favorable to the indefinite continuance of endemic cholera, and over climatic conditions at least we can exercise no control.

The ignorance and superstition of the common people and certain of their customs, especially that of eating with their fingers, favor the rapid spread of cholera when it becomes epidemic. These conditions can be remedied only by a patient and persistent educational campaign.

Fortunately a portion of the public press is disposed actively to aid the efforts of the authorities to eradicate cholera. With that portion which through ignorance is earnestly but mistakenly opposing the employment of modern sanitary methods an educational campaign will ultimately prove successful, while to that portion which is deliberately vicious, which attacks the health officers because it believes such a course likely to be popular, and which plays politics at the expense of the lives of the people whose interests it professes to advocate, the law must be applied.

In order that we may ascertain more definitely what can be done toward removing the more or less permanent local sources of infection, a careful, patient and exhaustive scientific investigation must be made through the joint efforts of the Bureau of Health and the Bureau of Science so that we may learn, if possible, to identify cholera organisms no matter what the form which they may assume under varying conditions of environment, and being able thus to identify them may find the places in which they are lurking even when the disease is not present in active form, and may cleanse such places.

However, there is no reason why we should delay beginning to put our house in order pending the result of such investigation. There are to-day within the city limits numerous thickly populated areas of considerable extent without streets, drains or any receptacles for human excreta or other filth. As a necessary result there exist in these regions thousands of seething sinks of fermentation and putrefaction in which we *know* without examination, that cholera germs swarm. Streets must be opened into these regions. Public pail sheds must also be built and those who fail to use them must be punished.

Unsanitary conditions which can be remedied by cleaning out the esteros and constructing drains and ditches to connect with them must be dealt with *immediately* and those which can be remedied only by filling must receive attention as rapidly as the condition of the city finances will permit.

That money may be made available for this work there must be an abandonment for the present of expensive projects for beautifying the city and there should follow in the immediate future the imposition of a reasonable tax upon the private property in the city in order that the necessary funds may be secured for putting unsanitary districts into decent condition.

Last but by no means least there must be an immediate and radical change in the present attitude of the municipal authorities in the matter of the enactment and enforcement of the necessary building ordinances to compel private individuals to do their share toward improving health conditions, or the power to inspect buildings under construction and to enforce such ordinances must be taken from the city and given to the Bureau of Health.

In connection with other scientific investigations, careful bacteriological examination of the feces of numerous persons not suffering from cholera must be made and these examinations must continue during a considerable period of time in order that we may ascertain whether "bacilli carriers" are to be met with after the cessation of an epidemic and to what they owe their immunity to the evil effects of the infection which they carry and so readily communicate to others.

Whether or not we can entirely rid the Philippines of the cholera infection which has so long remained endemic in the Islands no one can at present say, but certainly no effort to this end should be spared. If we do not succeed in accomplishing this we shall inevitably be called upon to meet frequently recurring epidemics. Even if we are fortunate enough to achieve a result so greatly to be desired there will still remain the ever-present possibility that infection will be reintroduced from without along one of the now numerous lines of trade which keep us in touch with Japan, China, India, Java, Borneo, Australia, New Guinea, and Celebes.

In this connection the experience of Japan is both interesting and instructive. I am indebted to Dr. Ohno for the following table showing the occurrence of cholera in Japan since 1893:

Cases.		Cases.	
1893	633	1902	13,362
1894	546	1903	177
1895	55,144	1904	1
1896	1,481	1905	0
1897	894	1906	0
1898	655	1907 (Aug. to Jan., 1908)	3,268
1899	829		
1900	378	Total	77,649
1901	101		

If, as has been so often stated recently in the public press of Manila, the occurrence of a cholera epidemic, with our present scientific knowledge of methods for combating the disease, is a crime, crime would seem to have been rather prevalent in Japan of late! When it is remembered that climatic conditions in Japan, with its cold winters, are not such as to favor the continued presence of cholera; that it is claimed that the infection of each of these outbreaks was brought in from some foreign country; that the Japanese are an extraordinarily cleanly people and amenable to sanitary regulations and that there exists in Japan a large corps of admirably trained and highly efficient medical officers, it is only too painfully evident that in the Philippines with their tropical climate lying within easy reach of the great disease-breeding centers of population in China we can not hope to escape.

It has been said that a properly organized and administered Bureau of Health *would prevent the occurrence of cholera epidemics*. Such a contention is absurd. It would be just as logical to maintain that a large, brave, well-organized and well-equipped army will certainly protect a country from war. It will decrease the probability of war and increase the chances of ultimate victory. A well-organized and thoroughly efficient health force will decrease the probability of the occurrence of epidemics, will shorten their duration when they do occur, and will decrease the mortality which they cause, but that is all. We must, therefore, hold ourselves always in readiness to deal promptly and effectively with cholera epidemics.

The fundamental principle involved in dealing successfully with them is to attack the infection actively the instant it appears. Over and over again within the last few years we have dealt with first cases, both in Manila and in provincial towns, so effectively that there have been no subsequent cases; but this can be done only when energetic, capable and thoroughly trained men are immediately available. It is self-evident that we must organize and maintain an adequate force of such men, and that this force must, from the nature of its work, be both highly mobile and thoroughly disciplined. To this end it should serve under the immediate control of the Director of Health and any of its members who, for trivial reasons, fail promptly to go where they are sent, or who prove themselves to be lacking in initiative and in executive ability to such an extent that they can not check cholera under reasonably favorable circumstances, should be promptly removed.

Fortunately, provision has now been made for a force reasonably adequate to protect Manila, but this force will be kept constantly on the defensive unless the provinces are freed from infection. In my opinion there should be in every province at least one really competent district

health officer selected under civil-service rules and paid from the Insular Treasury.

There should be always on hand, at some convenient central point in each province, an adequate supply of disinfectants and spraying pumps so that time may not be lost in sending to Manila for such things. The additional expense involved in carrying out this program would be insignificant in comparison with the resulting benefits.

The less said of the work of our present presidents of municipal boards of health the better. They *exist* in 257 of the 655 municipalities of the Philippines, and that is about all.

Here and there an active and capable president of a municipal board of health, supported by a really capable municipal council, has done excellent work, but in only too many cases presidents of municipal boards of health are neither active nor capable, or when they are possessed of these qualities find themselves hopelessly handicapped through lack of financial support by the municipal council, or of moral support by the municipal president. Furthermore the salaries paid them are often so excessively small that it would be unjust to expect them to devote much time to their duties.

A thoroughly capable district health officer can, as a rule, galvanize slothful municipal officials into action especially if he has the vigorous support of the provincial authorities. Nevertheless the necessity for competent municipal health officers is too evident to admit of discussion. Unfortunately the problem of providing them involves not only a large expenditure but another serious difficulty arising from the lack of anything like a sufficient number of competent and available physicians.

It was to help meet this lack that the Philippine Medical School was established. Within a few years graduates from this school will begin to become available. The medical course at the University of Santo Tomas is now being rapidly improved, and to this institution we may also look in the future for capable, energetic and thoroughly trained young physicians.

Thus we shall ultimately develop an adequate force of competent men, but while this development is in progress we must, so far as practicable, utilize the services of men who may prove to be reasonably competent in spite of their lack of technical training. In my opinion it is useless to expect the municipalities, especially those of the third and fourth classes, to pay salaries adequate to secure the services of such men, and it would seem entirely obvious that if the Insular Government is to pay their salaries it should control their appointment, their assignment to duty and their removal.

In some instances provincial municipalities are so near each other, or have such good facilities for intercommunication, that one capable municipal health officer might well have charge of two or even three of them.

Provision should be made for an adequate number of municipal health officers at reasonable salaries. They should be selected under civil-service rules and paid by the Insular Government. Until a sufficient force of duly qualified physicians is available the employment as municipal health officers of competent men who lack medical training should be authorized.

The expense involved in this latter reform would be beyond the present means of the Insular Government unless there were made a material reduction in the expense annually incurred for educational work and this would seem highly undesirable. I am of the opinion that the present internal-revenue taxes should be increased one-third of one per cent, and the ₱1,300,000 of revenue resulting should be made a special fund expendable along the lines above indicated for the improvement of sanitary conditions in the provinces of the Philippines. Such an addition to the taxes at present collected might perfectly well be made and would still leave the inhabitants of the Philippine Islands the lowest taxed civilized people of the world. Our present per capita tax is but ₱3.82 per year as compared with ₱7.17 for Turkey, ₱9.97 for Bulgaria, ₱10.11 for Servia, ₱11.56 for Greece, ₱12.56 for Switzerland, ₱12.61 for Japan, ₱14.91 for the United States, ₱16.33 for Roumania, ₱16.62 for Denmark, ₱17.14 for the Russian Empire, ₱19.29 for Sweden, ₱19.94 for Germany, ₱21.33 for Norway, ₱21.37 for Spain, ₱21.40 for Portugal, ₱22.29 for Italy, ₱22.86 for Hungary, ₱24.40 for Netherlands, ₱35.14 for Great Britain, ₱35.22 for Austria, and ₱36.64 for Belgium.

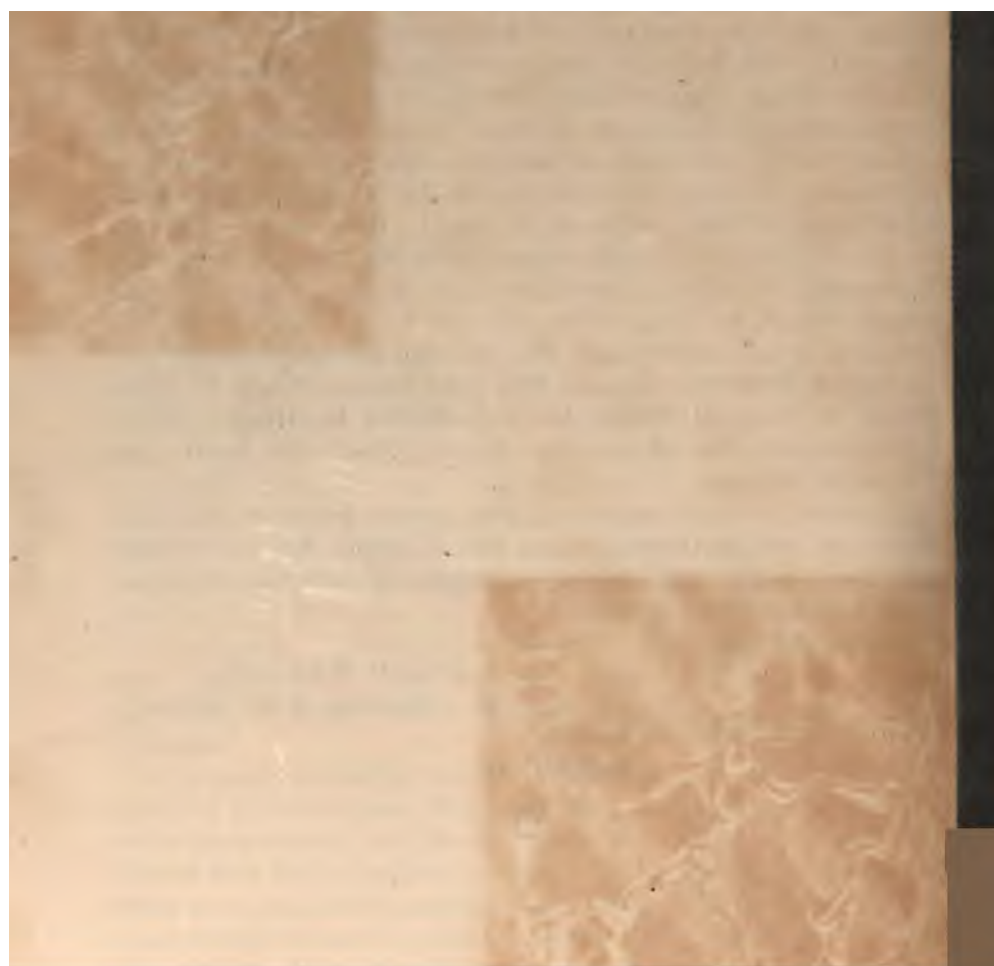
In closing I wish to express my very sincere thanks to Archbishop Harty and Father Chouza for making it possible for me to secure statistics from the church records of Manila without which this report would have been very incomplete.

Respectfully submitted,

DEAN C. WORCESTER,
Secretary of the Interior.

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